

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5

National Association of Mutual Insurance Companies PAC

ADDRESS (number and street) 3601 Vincennes Road

Check if different than previously reported. (ACC) PO Box 68700

Indianapolis IN 46268

2. **FEC IDENTIFICATION NUMBER** ▼ C C00170258 **CITY** ▲ **STATE** ▲ **ZIP CODE** ▲

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input checked="" type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M M / D D D / Y Y Y Y Y Y in the State of

- (d) 30-Day **POST-Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014 through M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Gregg A. Dykstra J.D.

Signature of Treasurer Mr. Gregg A. Dykstra J.D. *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

| | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|--|--|
| 6. (a) Cash on Hand January 1, <input type="text" value="2014"/> | <input type="text" value=""/> | <input type="text" value="61979.34"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="58999.07"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="72569.82"/> | <input type="text" value="410398.24"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="131568.89"/> | <input type="text" value="472377.58"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="95173.80"/> | <input type="text" value="435982.49"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="36395.09"/> | <input type="text" value="36395.09"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period: From: / / To: / /

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 57899.63 | 282590.60 |
| (ii) Unitemized | 8263.59 | 89021.90 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 66163.22 | 371612.50 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 6150.00 | 36400.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 72313.22 | 408012.50 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 250.45 | 2338.02 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 6.15 | 47.72 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 72569.82 | 410398.24 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 72569.82 | 410398.24 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 523.80 | 2932.49 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 523.80 | 2932.49 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 85000.00 | 389500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 150.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 150.00 |
| 29. Other Disbursements | 9650.00 | 43400.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 95173.80 | 435982.49 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 95173.80 | 435982.49 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 72313.22 | 408012.50 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 150.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 72313.22 | 407862.50 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶ | 523.80 | 2932.49 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 250.45 | 2338.02 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36)▶ | 273.35 | 594.47 |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Robert R. Abens
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 35

City Humboldt State IA Zip Code 50548-0035

FEC ID number of contributing federal political committee. **C**

Name of Employer Humboldt Mutual Insurance Association Occupation Assistant Secretary/Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : AB314F76476A040689E5

Amount of Each Receipt this Period
200.00

B. Ms. Cathy M. Adcock
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

FEC ID number of contributing federal political committee. **C**

Name of Employer Auto-Owners Insurance Company Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **770.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2014
Transaction ID : AC76F664D7E294839B8C

Amount of Each Receipt this Period
85.00

C. Mr. Todd E. Albert
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820-0111

FEC ID number of contributing federal political committee. **C**

Name of Employer Ohio Mutual Insurance Company Occupation Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2014
Transaction ID : A8E3466DFC6A540F090A

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **315.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Todd E. Albert
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 111
 City Bucyrus State OH Zip Code 44820-0111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Mutual Insurance Company Occupation Chief Information Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 30 / 2014
Transaction ID : AA391FE221D1248A8AFE
 Amount of Each Receipt this Period 30.00

B. Mr. Thomas Alighieri
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026-1850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 02 / 2014
Transaction ID : AC704B2ED82874EA4B4B
 Amount of Each Receipt this Period 20.00

C. Mr. Thomas Alighieri
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026-1850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 19 / 2014
Transaction ID : A3876E3B9B272470BAFD
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Neil Alldredge
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Senior Vice President - State and Poli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2014
Transaction ID : A03415157A3CF41D386D
 Amount of Each Receipt this Period
 40.00

B. Mr. Neil Alldredge
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Senior Vice President - State and Poli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2014
Transaction ID : A3B587F4A626742B1918
 Amount of Each Receipt this Period
 40.00

C. Ms. Diane Allen
 Full Name (Last, First, Middle Initial)
 Mailing Address 6101 Anacapri Blvd
 City Lansing State MI Zip Code 48917-3994
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Vice President-Personnel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 610.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2014
Transaction ID : AFEDEF517BF3849C6930
 Amount of Each Receipt this Period
 65.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 9 OF 124 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. David L. Anderson CPCU, PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 276
 City Canton State SD Zip Code 57013-0276
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Farm Mutual Insurance Company of Linco Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1300.00**

Date of Receipt **09 / 08 / 2014**
Transaction ID : AD147894C81D34F83B17
 Amount of Each Receipt this Period **300.00**

B. Mr. Rick A. Arens
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Underwriting Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 25 / 2014**
Transaction ID : A4062C857085E4F4CA3B
 Amount of Each Receipt this Period **25.00**

C. Ms. Laura Grace Ashton
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 C St NW Ste 540
 City Washington State DC Zip Code 20001-2102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation PAC Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **218.50**

Date of Receipt **09 / 05 / 2014**
Transaction ID : A88193D7FA7FC4877B1C
 Amount of Each Receipt this Period **11.50**

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 336.50 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Ms. Laura Grace Ashton
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 C St NW Ste 540
 City Washington State DC Zip Code 20001-2102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation PAC Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 09 / 19 / 2014
Transaction ID : ACC27C1ABC7EC45E39C6
 Amount of Each Receipt this Period 11.50

B. Mr. Mark K. Atherton
 Full Name (Last, First, Middle Initial)
 Mailing Address 817 N 47th Road
 City Earlville State IL Zip Code 60518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mendota Mutual Insurance Company Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 30 / 2014
Transaction ID : A31730286B1724CA1AFF
 Amount of Each Receipt this Period 600.00

C. Mr. James P. Ayers
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 400
 City Branchville State NJ Zip Code 07826-0400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Franklin Mutual Insurance Company Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 19 / 2014
Transaction ID : A908D3422FB1E463F9B1
 Amount of Each Receipt this Period 500.00

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1111.50 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 11 OF 124 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Ms. Lisa M Ayotte
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City State Zip Code
 Lansing MI 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Auto-Owners Insurance Company AVP- Real Estate & Operational Service
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 324.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2014
Transaction ID : AE4A3DB5A209943B2A37
 Amount of Each Receipt this Period
 42.00

B. Mr. Michael J. Ayer
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Logan Sq
 City State Zip Code
 Philadelphia PA 19103-2707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Guy Carpenter & Company, LLC Managing Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : AB661FF4B16784793A0B
 Amount of Each Receipt this Period
 400.00

C. Mr. Michael D. Baker
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City State Zip Code
 Lansing MI 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Auto-Owners Insurance Company Regional Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2014
Transaction ID : A505756CC71A642A38EB
 Amount of Each Receipt this Period
 50.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 492.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)
A. Mr. Rigg Ballantyne
 Mailing Address 6000 Midlantic Dr Ste 200 S
 City State Zip Code
 Mount Laurel NJ 08054-1516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Maiden Re Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2014
Transaction ID : AC550283B5921442EB05
 Amount of Each Receipt this Period
 300.00

Full Name (Last, First, Middle Initial)
B. Mr. Kevin Barnes
 Mailing Address PO Box 30660
 City State Zip Code
 Lansing MI 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Auto-Owners Insurance Company Regional Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2014
Transaction ID : AFF3A310085974120A75
 Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
C. Mr. Michael E. Beard
 Mailing Address 804 S Lincoln St
 City State Zip Code
 Philo IL 61864-9680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Central Illinois Mutual Insurance Comp President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2014
Transaction ID : ABAF509C8223C42F0833
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 630.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Ms. Sandra J. Bear PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 N 4th St
 City Watseka State IL Zip Code 60970-1312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Watseka Mutual Insurance Company Occupation Secretary/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2014
Transaction ID : AF44D0EC4E0B04EE88A6
 Amount of Each Receipt this Period
 300.00

B. Chris Belcher
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 618
 City Columbia State MO Zip Code 65205-0618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbia Mutual Insurance Company Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 562.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2014
Transaction ID : A3843507D88554712B83
 Amount of Each Receipt this Period
 125.00

C. Mr. Walter Bennett
 Full Name (Last, First, Middle Initial)
 Mailing Address 2300 Garden Rd
 City Monterey State CA Zip Code 93940-5326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer California Capital Insurance Company Occupation Vice President, Underwriting & Actuari
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : A10522FECC43F4A039BA
 Amount of Each Receipt this Period
 84.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 509.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 14 OF 124 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Mr. John S. Benson | | Date of Receipt |
| Mailing Address One Mutual Avenue | | <input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Frankenmuth | MI | 48787-0001 |
| FEC ID number of contributing federal political committee. | | Transaction ID : A98D3A38143AF477EBE3 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="117.00"/> |
| Name of Employer | Occupation | |
| Frankenmuth Mutual Insurance Company | Chairman & CEO | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="2223.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Mr. John S. Benson | | Date of Receipt |
| Mailing Address One Mutual Avenue | | <input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Frankenmuth | MI | 48787-0001 |
| FEC ID number of contributing federal political committee. | | Transaction ID : AF3DE91431E7349E2969 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="117.00"/> |
| Name of Employer | Occupation | |
| Frankenmuth Mutual Insurance Company | Chairman & CEO | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="2340.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Ms. Rena Bilodeau | | Date of Receipt |
| Mailing Address 1460 Wells St | | <input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Enumclaw | WA | 98022-3003 |
| FEC ID number of contributing federal political committee. | | Transaction ID : A059B700E06664089841 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="100.00"/> |
| Name of Employer | Occupation | |
| Mutual of Enumclaw Insurance Company | Vice President - Human Resources | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="500.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="334.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 15 OF 124 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Mr. Jim Brandt | | Date of Receipt |
| Mailing Address 42127 Road 42 | | <input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Reedley | CA | 93654-9143 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : AB31A085A5F5B4B87A6A |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Mennonite Aid Plan of the Pacific Coas | Chairman | <input type="text" value="300.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="300.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Ms. Tina Brumley | | Date of Receipt |
| Mailing Address PO Box 30660 | | <input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Lansing | MI | 48909-8160 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : A6BF120AFC15E48A9BE3 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Auto-Owners Insurance Company | Manager | <input type="text" value="25.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="250.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Mr. Stephen Buell | | Date of Receipt |
| Mailing Address PO Box 30660 | | <input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Lansing | MI | 48909-8160 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : AB74B53545DFC4B548DB |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Auto-Owners Insurance Company | Assistant Vice President | <input type="text" value="25.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="250.00"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="350.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value=""/> |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)
A. Mr. Mike Bush

Mailing Address PO Box 860

City State Zip Code
 Bryant AR 72089-0860

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Farmers Union Mutual Insurance Company President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1766.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2014

Transaction ID : A8753E588F8FF463BBEE

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
B. Mr. John A. Bykowski

Mailing Address PO Box 819

City State Zip Code
 Appleton WI 54912-0819

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 SECURA Insurance, A Mutual Company Chairman of the Board

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2014

Transaction ID : A882C0CE7275B4456A13

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
c. Ms. Mary B. Cady CIC, AAI

Mailing Address 3601 Vincennes Rd

City State Zip Code
 Indianapolis IN 46268-1154

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 NAMIC Insurance Company, Inc. NIA Operations Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 212.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2014

Transaction ID : A1CC3D7AC1E954C8C851

Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 210.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Ms. Mary B. Cady CIC, AAI
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 Vincennes Rd
 City Indianapolis State IN Zip Code 46268-1154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NAMIC Insurance Company, Inc. Occupation NIA Operations Manager
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **222.50**

Date of Receipt **09 / 19 / 2014**
Transaction ID : AC8E0393C3DD44471A23
 Amount of Each Receipt this Period **10.00**

B. Mr. Gary J. Capone
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 400
 City Branchville State NJ Zip Code 07826-0400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Franklin Mutual Insurance Company Occupation Vice President, Field Services
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **750.00**

Date of Receipt **09 / 19 / 2014**
Transaction ID : A44564B5B5B2D457CA91
 Amount of Each Receipt this Period **750.00**

C. Ms. Ginny Caro
 Full Name (Last, First, Middle Initial)
 Mailing Address 3030 N 3rd St
 City Phoenix State AZ Zip Code 85012-3074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CopperPoint Mutual Insurance Company Occupation Vice President of Claims Services
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **708.22**

Date of Receipt **09 / 02 / 2014**
Transaction ID : A22551B62D3A446E09CB
 Amount of Each Receipt this Period **41.66**

SUBTOTAL of Receipts This Page (optional)..... **801.66**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Ms. Ginny Caro
Full Name (Last, First, Middle Initial)

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012-3074

FEC ID number of contributing federal political committee. **C**

Name of Employer CopperPoint Mutual Insurance Company Occupation Vice President of Claims Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **749.88**

Date of Receipt **09 / 18 / 2014**

Transaction ID : AA4DF150DCCAA4D2CB3!

Amount of Each Receipt this Period **41.66**

B. Mr. Terry Cavin
Full Name (Last, First, Middle Initial)

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012-3074

FEC ID number of contributing federal political committee. **C**

Name of Employer CopperPoint Mutual Insurance Company Occupation Assistant Vice President, IT Infrastru

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **09 / 16 / 2014**

Transaction ID : AAC6C3BD8B324CF7B21

Amount of Each Receipt this Period **250.00**

C. Mr. Charles M. Chamness
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

FEC ID number of contributing federal political committee. **C**

Name of Employer National Association of Mutual Insuran Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1710.00**

Date of Receipt **09 / 05 / 2014**

Transaction ID : AC66FA4B0FCB44E8D9A9

Amount of Each Receipt this Period **90.00**

SUBTOTAL of Receipts This Page (optional)..... **381.66**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Charles M. Chamness
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2014
Transaction ID : A9679024DFA3E4E7C853
 Amount of Each Receipt this Period
 90.00

B. Mr. Steve H. Chevalier
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 40
 City Norwich State CT Zip Code 06360-0040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New London County Mutual Insurance Com Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : A9A63A640B3D24CF5B85
 Amount of Each Receipt this Period
 425.00

C. Mr. Mark Coe
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 111
 City Bucyrus State OH Zip Code 44820-0111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Mutual Insurance Company Occupation IT Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 741.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2014
Transaction ID : AE341C3195A6B46F69CF
 Amount of Each Receipt this Period
 39.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 554.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)
A. Mr. Mark Coe

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820-0111

FEC ID number of contributing federal political committee. **C**

Name of Employer Ohio Mutual Insurance Company Occupation IT Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt **09 / 30 / 2014**

Transaction ID : A49FA8DCBB9B04BE489C

Amount of Each Receipt this Period **39.00**

Full Name (Last, First, Middle Initial)
B. Mr. Darwin G. Copeman CPCU

Mailing Address PO Box 468

City Neenah State WI Zip Code 54957-0468

FEC ID number of contributing federal political committee. **C**

Name of Employer Jewelers Mutual Insurance Company Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2200.00**

Date of Receipt **09 / 25 / 2014**

Transaction ID : A0C9698528E7449B78FF

Amount of Each Receipt this Period **200.00**

Full Name (Last, First, Middle Initial)
c. Mr. Darwin G. Copeman CPCU

Mailing Address PO Box 468

City Neenah State WI Zip Code 54957-0468

FEC ID number of contributing federal political committee. **C**

Name of Employer Jewelers Mutual Insurance Company Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2450.00**

Date of Receipt **09 / 30 / 2014**

Transaction ID : ADB4D3547781F4FAA9A7

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **489.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 21 OF 124 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Dan DeArment PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 646
 City Bedford State PA Zip Code 15522-0646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Friends Cove Mutual Insurance Company Occupation President/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2014
Transaction ID : A652863104E6E4308AFB
 Amount of Each Receipt this Period
 250.00

B. Mr. David DeGeorge
 Full Name (Last, First, Middle Initial)
 Mailing Address 3030 N 3rd St
 City Phoenix State AZ Zip Code 85012-3074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CopperPoint Mutual Insurance Company Occupation Application Development Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2014
Transaction ID : AD04E559C75E943478B6
 Amount of Each Receipt this Period
 20.83

c. Mr. David DeGeorge
 Full Name (Last, First, Middle Initial)
 Mailing Address 3030 N 3rd St
 City Phoenix State AZ Zip Code 85012-3074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CopperPoint Mutual Insurance Company Occupation Application Development Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 233.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2014
Transaction ID : A8604BA4652EF4D09ACF
 Amount of Each Receipt this Period
 20.83

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 291.66 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Rick DeGraw
Full Name (Last, First, Middle Initial)
Mailing Address 3030 N 3rd St
City Phoenix State AZ Zip Code 85012-3074
FEC ID number of contributing federal political committee. **C**
Name of Employer CopperPoint Mutual Insurance Company Occupation CAO & Senior Vice President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **708.30**

Date of Receipt **09 / 02 / 2014**
Transaction ID : AD68486F44F6C492FA34
Amount of Each Receipt this Period **41.66**

B. Mr. Rick DeGraw
Full Name (Last, First, Middle Initial)
Mailing Address 3030 N 3rd St
City Phoenix State AZ Zip Code 85012-3074
FEC ID number of contributing federal political committee. **C**
Name of Employer CopperPoint Mutual Insurance Company Occupation CAO & Senior Vice President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **749.96**

Date of Receipt **09 / 18 / 2014**
Transaction ID : A8F124A22EF334B50B9B
Amount of Each Receipt this Period **41.66**

c. Mr. Robert Detlefsen PhD
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 68700
City Indianapolis State IN Zip Code 46268-0700
FEC ID number of contributing federal political committee. **C**
Name of Employer National Association of Mutual Insuran Occupation Vice President - Public Policy
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **826.12**

Date of Receipt **09 / 05 / 2014**
Transaction ID : AD153F17D355D4D31A9A
Amount of Each Receipt this Period **43.48**

SUBTOTAL of Receipts This Page (optional)..... **126.80**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Robert Detlefsen PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Public Policy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **869.60**

Date of Receipt **09 / 19 / 2014**
Transaction ID : A74B8ACFF3D4A4D9D891
 Amount of Each Receipt this Period **43.48**

B. Mr. Gregory Douglas
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Landmark Sq Ste 1920
 City Stamford State CT Zip Code 06901-2625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Berkley Re Direct Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **09 / 09 / 2014**
Transaction ID : A94015CF83F0046C8BC1
 Amount of Each Receipt this Period **150.00**

C. Mr. Charles W. Drier
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 3337
 City Peoria State IL Zip Code 61612-3337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt **09 / 25 / 2014**
Transaction ID : A8366C9D600694FE49BE
 Amount of Each Receipt this Period **75.00**

SUBTOTAL of Receipts This Page (optional)..... **268.48**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 24 OF 124 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Mr. Don Duran | | Date of Receipt |
| Mailing Address PO Box 834 | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/> |
| City State Zip Code Atwater CA 95301-0834 | | Transaction ID : AD53ECFF5E6594C70A56 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="300.00"/> |
| Name of Employer Merced Property & Casualty Company | Occupation President & CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="1300.00"/> | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Mr. Gregg A. Dykstra J.D. | | Date of Receipt |
| Mailing Address 3601 Vincennes Rd | | <input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2014"/> |
| City State Zip Code Indianapolis IN 46268-1154 | | Transaction ID : A0EA07333B4624DFBBF1 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="96.16"/> |
| Name of Employer National Association of Mutual Insuran | Occupation Chief Operating Officer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="1827.04"/> | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Mr. Gregg A. Dykstra J.D. | | Date of Receipt |
| Mailing Address 3601 Vincennes Rd | | <input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2014"/> |
| City State Zip Code Indianapolis IN 46268-1154 | | Transaction ID : A4D0ED4DFCF9B49DEA77 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="96.16"/> |
| Name of Employer National Association of Mutual Insuran | Occupation Chief Operating Officer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="1923.20"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="492.32"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mrs. Nancy M. Early
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 307
 City Saxonburg State PA Zip Code 16056-0307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hannahstown Mutual Insurance Company Company Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2014
Transaction ID : A407F345100104FCAAB5
 Amount of Each Receipt this Period
 300.00

B. Mr. Fred A. Edmond CPCU, CIC
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Frankenmuth Mutual Insurance Company President & COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A94AABE492C554C518F5
 Amount of Each Receipt this Period
 80.00

c. Mr. Fred A. Edmond CPCU, CIC
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Frankenmuth Mutual Insurance Company President & COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A18F0E4D4C5DB40E7994
 Amount of Each Receipt this Period
 80.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 460.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Ms. Donna Emmerling
 Full Name (Last, First, Middle Initial)
 Mailing Address 6000 Midlantic Dr Ste 200 S
 City Mount Laurel State NJ Zip Code 08054-1516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Maiden Re Occupation Senior Vice President, Direct Group
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2014
Transaction ID : A88B1AAF70D8D48D8B2B
 Amount of Each Receipt this Period
 300.00

B. Mr. James Enns
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 878
 City Reedley State CA Zip Code 93654-0878
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Mennonite Aid Plan of the Pacific Coas Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2014
Transaction ID : AD0B2DE571BB44BADAF1
 Amount of Each Receipt this Period
 300.00

C. Mr. Andrew M. Eriksen
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Auto-Owners Insurance Company Assistant Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2014
Transaction ID : A3666492654ED4AAEB90
 Amount of Each Receipt this Period
 100.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 700.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 27 OF 124 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Mr. Ernie Evans | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014 Transaction ID : A893A8A2DD850401E865 |
| Mailing Address PO Box 621 | | Amount of Each Receipt this Period 2600.00 |
| City Ahoskie | State NC | Zip Code 27910 |
| FEC ID number of contributing federal political committee. C | Name of Employer Century Mutual Insurance Company | |
| Occupation Director | | Aggregate Year-to-Date ▼ 2600.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. Mark H. Ewert | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2014 Transaction ID : AFDFA8E3A0C4A4E2EB66 |
| Mailing Address PO Box 2003 | | Amount of Each Receipt this Period 300.00 |
| City Milwaukee | State WI | Zip Code 53201-2003 |
| FEC ID number of contributing federal political committee. C | Name of Employer Partners Mutual Insurance Company | |
| Occupation Executive Vice President, Treasurer & | | Aggregate Year-to-Date ▼ 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Mr. Mark H. Ewert | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014 Transaction ID : A7328A3C318AC4181838 |
| Mailing Address PO Box 2003 | | Amount of Each Receipt this Period 2000.00 |
| City Milwaukee | State WI | Zip Code 53201-2003 |
| FEC ID number of contributing federal political committee. C | Name of Employer Partners Mutual Insurance Company | |
| Occupation Executive Vice President, Treasurer & | | Aggregate Year-to-Date ▼ 2500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 4900.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 28 OF 124 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Mr. Stephen F. Fabian | | Date of Receipt |
| Mailing Address 200 N Main St | | <input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Bel Air | MD | 21014-3544 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : A6C3C8603EF5C47BF995 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Harford Mutual Insurance Company | Vice President, Chief Information Offi | <input type="text" value="83.34"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="777.84"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Mr. Michael L. Faron CPCU | | Date of Receipt |
| Mailing Address 222 Ames St | | <input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Dedham | MA | 02026-1850 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : A3906B272DD00489A9BE |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Norfolk & Dedham Mutual Fire Insurance | Commercial Lines Division Manager | <input type="text" value="20.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="360.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) c. Mr. Michael L. Faron CPCU | | Date of Receipt |
| Mailing Address 222 Ames St | | <input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Dedham | MA | 02026-1850 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : A2E7D44E8A76843B69FE |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Norfolk & Dedham Mutual Fire Insurance | Commercial Lines Division Manager | <input type="text" value="20.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="380.00"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="123.34"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Ms. Gayle Fisher
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 30660

| | | |
|-----------------|-------------|------------------------|
| City Lansing | State MI | Zip Code 48909-8160 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer Auto-Owners Insurance Company | Occupation Assistant Vice President-Life Operatio |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 25 | / | 2014 |

Transaction ID : ACF7E0C9B20714D7AB46

Amount of Each Receipt this Period

| |
|-------|
| 85.00 |
|-------|

B. Mr. Robert A. Fitzsimmons
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 84

| | | |
|----------------|-------------|------------------------|
| City Marble | State PA | Zip Code 16334-0084 |
|----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|---------------------------------|
| Name of Employer Farmers Mutual Fire Insurance Company | Occupation President and CEO |
|---|---------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2014 |

Transaction ID : A18F8BB0E194948F881F

Amount of Each Receipt this Period

| |
|--------|
| 550.00 |
|--------|

C. Mr. Joe Flynn
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 5626

| | | |
|------------------|-------------|------------------------|
| City Rockford | State IL | Zip Code 61125-0626 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--------------------------------|
| Name of Employer Rockford Mutual Insurance Company | Occupation AVP Underwriting |
|---|--------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.72**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2014 |

Transaction ID : A27D177DA303C4DB38C0

Amount of Each Receipt this Period

| |
|-------|
| 38.46 |
|-------|

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 673.46 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Mr. Rusty Frisinger PFMM | | Date of Receipt |
| Mailing Address PO Box 1050 | | <input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Fayetteville | AR | 72702-1050 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : A889E2F487D0445E4BF4 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Washington County Farmers Mutual Fire | General Manager | <input type="text" value="150.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="550.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Mr. Rusty Frisinger PFMM | | Date of Receipt |
| Mailing Address PO Box 1050 | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Fayetteville | AR | 72702-1050 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : A9E5203E214BC456DACF |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Washington County Farmers Mutual Fire | General Manager | <input type="text" value="200.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="750.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Mr. Benjamin Galloway | | Date of Receipt |
| Mailing Address PO Box 618 | | <input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Columbia | MO | 65205-0618 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : A238BE50F994442DAA4C |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Columbia Mutual Insurance Company | Senior Vice President & CRO | <input type="text" value="60.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="450.00"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="410.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Randy Gerdes
Full Name (Last, First, Middle Initial)

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012-3074

FEC ID number of contributing federal political committee. **C**

Name of Employer CopperPoint Mutual Insurance Company Occupation Vice President of Strategy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **354.11**

Date of Receipt **09 / 02 / 2014**

Transaction ID : A67C2FB2FF0794909BD3

Amount of Each Receipt this Period **20.83**

B. Mr. Randy Gerdes
Full Name (Last, First, Middle Initial)

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012-3074

FEC ID number of contributing federal political committee. **C**

Name of Employer CopperPoint Mutual Insurance Company Occupation Vice President of Strategy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **374.99**

Date of Receipt **09 / 18 / 2014**

Transaction ID : AEB5A0050739F4DFBAFF

Amount of Each Receipt this Period **20.88**

C. Mr. Bryan Gilleland
Full Name (Last, First, Middle Initial)

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **730.93**

Date of Receipt **09 / 12 / 2014**

Transaction ID : A6B108EF485BC4166A1B

Amount of Each Receipt this Period **38.47**

SUBTOTAL of Receipts This Page (optional)..... **80.18**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 32 OF 124 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Bryan Gilleland
Full Name (Last, First, Middle Initial)

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **769.40**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014

Transaction ID : AB8735D2164D54114A30

Amount of Each Receipt this Period
38.47

B. Ms. Yvette Gonzales
Full Name (Last, First, Middle Initial)

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012-3074

FEC ID number of contributing federal political committee. **C**

Name of Employer CopperPoint Mutual Insurance Company Occupation Senior Vice President & CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **708.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 02 / 2014

Transaction ID : A55163FEE65A94E20964

Amount of Each Receipt this Period
41.66

C. Ms. Yvette Gonzales
Full Name (Last, First, Middle Initial)

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012-3074

FEC ID number of contributing federal political committee. **C**

Name of Employer CopperPoint Mutual Insurance Company Occupation Senior Vice President & CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.96**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2014

Transaction ID : A9DB0F82F63ED47B698A

Amount of Each Receipt this Period
41.66

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 121.79 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. John Goodin
Full Name (Last, First, Middle Initial)

Mailing Address 200 N Main St

City Bel Air State MD Zip Code 21014-3544

FEC ID number of contributing federal political committee. **C**

Name of Employer Harford Mutual Insurance Company Occupation Assistant Vice President Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **361.06**

Date of Receipt **09 / 09 / 2014**

Transaction ID : AC0C80D24DBFF47BEA04

Amount of Each Receipt this Period **41.66**

B. Mr. Kedwin D. Graber
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 527

City Indianapolis State IN Zip Code 46206-0527

FEC ID number of contributing federal political committee. **C**

Name of Employer Indiana Farmers Mutual Insurance Compa Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **09 / 18 / 2014**

Transaction ID : A20C65B671D154454B1C

Amount of Each Receipt this Period **300.00**

C. Mr. Jimi Grande
Full Name (Last, First, Middle Initial)

Mailing Address 122 C St NW Ste 540

City Washington State DC Zip Code 20001-2102

FEC ID number of contributing federal political committee. **C**

Name of Employer National Association of Mutual Insuran Occupation Senior Vice President-Federal and Poli

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2159.16**

Date of Receipt **09 / 05 / 2014**

Transaction ID : A5529AD95B77B498CADA

Amount of Each Receipt this Period **113.64**

SUBTOTAL of Receipts This Page (optional)..... **455.30**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 34 OF 124 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Jimi Grande
Full Name (Last, First, Middle Initial)
Mailing Address 122 C St NW Ste 540

| | | |
|---|--|------------------------|
| City Washington | State DC | Zip Code 20001-2102 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer National Association of Mutual Insuran | Occupation Senior Vice President-Federal and Poli | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2272.80 | |

Date of Receipt
09 / 19 / 2014
Transaction ID : **A3A323D39E8404FBCA40**

Amount of Each Receipt this Period
113.64

B. Mr. David Grove
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 111

| | | |
|---|---|------------------------|
| City Bucyrus | State OH | Zip Code 44820-0111 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Ohio Mutual Insurance Company | Occupation Assistant Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 345.00 | |

Date of Receipt
09 / 08 / 2014
Transaction ID : **A221AD6E517DD4262AA6**

Amount of Each Receipt this Period
20.00

C. Mr. David Grove
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 111

| | | |
|---|---|------------------------|
| City Bucyrus | State OH | Zip Code 44820-0111 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Ohio Mutual Insurance Company | Occupation Assistant Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | |

Date of Receipt
09 / 30 / 2014
Transaction ID : **AC55FE011A8214652B10**

Amount of Each Receipt this Period
20.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 153.64 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Clarence Guinn CPA
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 489

City Rogers State AR Zip Code 72757-0489

FEC ID number of contributing federal political committee. **C**

Name of Employer Farmers Protective Mutual Insurance Co Occupation Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 09 / 30 / 2014
Transaction ID : A57EDF1AAE45E4625B63

Amount of Each Receipt this Period 150.00

B. Mr. George H. Guptill Jr.
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 400

City Branchville State NJ Zip Code 07826-0400

FEC ID number of contributing federal political committee. **C**

Name of Employer Franklin Mutual Insurance Company Occupation Chairman & Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 05 / 2014
Transaction ID : A44BB0CCEB6A1462CA62

Amount of Each Receipt this Period 500.00

c. Mr. R. Douglas Haines
Full Name (Last, First, Middle Initial)

Mailing Address 1 Heritage PI

City Piqua State OH Zip Code 45356-4148

FEC ID number of contributing federal political committee. **C**

Name of Employer Buckeye State Mutual Insurance Company Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 09 / 2014
Transaction ID : A831D9E63EB9D402EBB5

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 36 OF 124 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. John Hair
Full Name (Last, First, Middle Initial)

Mailing Address 122 C St NW Ste 540

| | | |
|--------------------|-------------|------------------------|
| City Washington | State DC | Zip Code 20001-2102 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer National Association of Mutual Insuran | Occupation Federal Affairs Director |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 05 | / | 2014 |

Transaction ID : AFEC9825F369D4508A96

Amount of Each Receipt this Period

| |
|-------|
| 40.00 |
|-------|

B. Mr. John Hair
Full Name (Last, First, Middle Initial)

Mailing Address 122 C St NW Ste 540

| | | |
|--------------------|-------------|------------------------|
| City Washington | State DC | Zip Code 20001-2102 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer National Association of Mutual Insuran | Occupation Federal Affairs Director |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 19 | / | 2014 |

Transaction ID : A0146548E88F74099B7D

Amount of Each Receipt this Period

| |
|-------|
| 40.00 |
|-------|

C. Ms. Alice Hamm
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

| | | |
|-----------------|-------------|------------------------|
| City Lansing | State MI | Zip Code 48909-8160 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|---------------------------------|
| Name of Employer Auto-Owners Insurance Company | Occupation Assistant Manager |
|---|---------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 25 | / | 2014 |

Transaction ID : A819A304D4B1544E0A3C

Amount of Each Receipt this Period

| |
|-------|
| 30.00 |
|-------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 110.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Reiny Hanneken
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 217
 City Pierz State MN Zip Code 56364-0217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pioneer Lake Mutual Insurance Company Occupation Secretary Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2014
Transaction ID : AC650DA20A243455DB27
 Amount of Each Receipt this Period
 500.00

B. Mr. Fred A. Hannula
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Assistant Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 218.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2014
Transaction ID : A9E8D9BCB69FA440D816
 Amount of Each Receipt this Period
 25.00

C. Mr. Robert Harris
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 400
 City Branchville State NJ Zip Code 07826-0400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Franklin Mutual Insurance Company Occupation Vice President-Automation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 251.25

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2014
Transaction ID : AFE599BE9C1FD425791A
 Amount of Each Receipt this Period
 251.25

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 776.25 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Ms. Rebecca Hartmann
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President - Brentwood Br
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2014
Transaction ID : AFB8D30E008C94564A30
 Amount of Each Receipt this Period
 250.00

B. Mr. Christopher D. Hartrich FLMI, CPA
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 468
 City Neenah State WI Zip Code 54957-0468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jewelers Mutual Insurance Company Occupation Vice President HR/Organizational Devel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2014
Transaction ID : A1C6F5CB2050046E4888
 Amount of Each Receipt this Period
 22.00

C. Mr. Rich Hawkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 1460 Wells St
 City Enumclaw State WA Zip Code 98022-3003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mutual of Enumclaw Insurance Company Occupation Vice President, Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2014
Transaction ID : AD1DC6192907040F1BFA
 Amount of Each Receipt this Period
 77.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 124.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 39 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Eugene T. Heaney
Full Name (Last, First, Middle Initial)

Mailing Address 1 Preferred Way

City New Berlin State NY Zip Code 13411-1896

FEC ID number of contributing federal political committee. **C**

Name of Employer Preferred Mutual Insurance Company Occupation Vice President of Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 08 / 2014
Transaction ID : A7D0487FEE1FB44989D2

Amount of Each Receipt this Period 400.00

B. Mr. F. Timothy Hegarty Jr., CPCU
Full Name (Last, First, Middle Initial)

Mailing Address 222 Ames St

City Dedham State MA Zip Code 02026-1850

FEC ID number of contributing federal political committee. **C**

Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 810.00

Date of Receipt 09 / 02 / 2014
Transaction ID : A8C3264E2DC404CA69FB

Amount of Each Receipt this Period 45.00

c. Mr. F. Timothy Hegarty Jr., CPCU
Full Name (Last, First, Middle Initial)

Mailing Address 222 Ames St

City Dedham State MA Zip Code 02026-1850

FEC ID number of contributing federal political committee. **C**

Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1110.00

Date of Receipt 09 / 09 / 2014
Transaction ID : A38157C343EA544F2A7B

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 385.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 40 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. F. Timothy Hegarty Jr., CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026-1850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1155.00

Date of Receipt 09 / 19 / 2014
Transaction ID : A69919B0A5E2940EFA53
 Amount of Each Receipt this Period 45.00

B. Mr. Stuart C. Henderson JD, CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1463
 City Minneapolis State MN Zip Code 55440-1463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Western National Mutual Insurance Comp Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 09 / 16 / 2014
Transaction ID : A84CBD20F820548C9A7F
 Amount of Each Receipt this Period 200.00

C. Ms. Brenda G. Hennenfent
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 09 / 25 / 2014
Transaction ID : AB670BD58F3DE480EA02
 Amount of Each Receipt this Period 20.83

SUBTOTAL of Receipts This Page (optional)..... ▶ 265.83
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)
A. Mr. C. H. Herring Jr.

Mailing Address 1511 West Walker

City Breckenridge State TX Zip Code 76424

FEC ID number of contributing federal political committee. **C**

Name of Employer Germania Farm Mutual Insurance Associa Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : A3D1EBF442DAF4FA1AFA

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
B. Mr. Timothy R. Hyle CPA

Mailing Address 1 Preferred Way

City New Berlin State NY Zip Code 13411-1896

FEC ID number of contributing federal political committee. **C**

Name of Employer Preferred Mutual Insurance Company Occupation Vice President, Finance & Risk Managem

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 08 / 2014

Transaction ID : A585FFBC79A2C484097A

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Ms. Theresa Jakubick

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820-0111

FEC ID number of contributing federal political committee. **C**

Name of Employer Ohio Mutual Insurance Company Occupation Project Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 08 / 2014

Transaction ID : A0BF28CBBC5FF4A1BA4C

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **370.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 42 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Ms. Theresa Jakubick
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 111

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Bucyrus | OH | 44820-0111 |

FEC ID number of contributing federal political committee. **C**

| | |
|-------------------------------|-----------------|
| Name of Employer | Occupation |
| Ohio Mutual Insurance Company | Project Manager |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2014 |

Transaction ID : A60E36D10E07A44228A0

Amount of Each Receipt this Period

| |
|---------|
| 1220.00 |
|---------|

B. Mr. Robert L. Jeckel
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 340

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Lincoln | IL | 62656-0340 |

FEC ID number of contributing federal political committee. **C**

| | |
|-----------------------------------|------------|
| Name of Employer | Occupation |
| Frontier Mutual Insurance Company | Director |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 08 | / | 2014 |

Transaction ID : A8A0C02FB5DFB450F92F

Amount of Each Receipt this Period

| |
|--------|
| 300.00 |
|--------|

C. Mr. Larry Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 1133 W Mill Rd Ste 111

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Evansville | IN | 47710-3800 |

FEC ID number of contributing federal political committee. **C**

| | |
|--|----------------|
| Name of Employer | Occupation |
| Mutual Insurance Association of Southe | Director/Agent |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 08 | / | 2014 |

Transaction ID : AA8BFFADD862B4223BD5

Amount of Each Receipt this Period

| |
|--------|
| 900.00 |
|--------|

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1220.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 43 OF 124 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

| | | |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Ms. Amy R. Johnson PFMM | | Date of Receipt |
| Mailing Address PO Box 197 | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Finley | ND | 58230-0197 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : A3AB1701382C848AC87F |
| Name of Employer Steele Traill County Mutual Insurance | | Amount of Each Receipt this Period |
| Occupation Manager/Treasurer | | <input type="text" value="150.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="941.67"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Ms. Amy R. Johnson PFMM | | Date of Receipt |
| Mailing Address PO Box 197 | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Finley | ND | 58230-0197 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : A24F7D37C1DD946C3902 |
| Name of Employer Steele Traill County Mutual Insurance | | Amount of Each Receipt this Period |
| Occupation Manager/Treasurer | | <input type="text" value="111.11"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="941.67"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Ms. Amy R. Johnson PFMM | | Date of Receipt |
| Mailing Address PO Box 197 | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Finley | ND | 58230-0197 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : A9566EEFC5BD24D72880 |
| Name of Employer Steele Traill County Mutual Insurance | | Amount of Each Receipt this Period |
| Occupation Manager/Treasurer | | <input type="text" value="125.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="941.67"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|---|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional)..... | <input type="text" value="386.11"/> |
| TOTAL This Period (last page this line number only)..... | <input type="text"/> |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 44 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Mark Johnston
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

FEC ID number of contributing federal political committee. **C**

Name of Employer National Association of Mutual Insuran Occupation Director - State Affairs, Midwest Regi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 09 / 30 / 2014
Transaction ID : ACAFD83850640CE9EF

Amount of Each Receipt this Period 650.00

B. Mr. Rick Jones
Full Name (Last, First, Middle Initial)

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012-3074

FEC ID number of contributing federal political committee. **C**

Name of Employer CopperPoint Mutual Insurance Company Occupation Executive Vice President, COO & Presid

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 713.67

Date of Receipt 09 / 02 / 2014
Transaction ID : AC327D91077D44E299B6

Amount of Each Receipt this Period 41.67

C. Mr. Rick Jones
Full Name (Last, First, Middle Initial)

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012-3074

FEC ID number of contributing federal political committee. **C**

Name of Employer CopperPoint Mutual Insurance Company Occupation Executive Vice President, COO & Presid

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 755.34

Date of Receipt 09 / 18 / 2014
Transaction ID : AA499A136475C4134819

Amount of Each Receipt this Period 41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 733.34

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 45 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Jon Jorgensen
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

| | | |
|-----------------|-------------|------------------------|
| City Lansing | State MI | Zip Code 48909-8160 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|---|
| Name of Employer Auto-Owners Insurance Company | Occupation Assistant Vice President Underwriting |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 25 | / | 2014 |

Transaction ID : A4A21EDAADB0F4B96AB;

Amount of Each Receipt this Period

| |
|-------|
| 35.00 |
|-------|

B. Ms. Margaret Kafka
Full Name (Last, First, Middle Initial)

Mailing Address 250 Main St

| | | |
|-----------------|-------------|------------------------|
| City Buffalo | State NY | Zip Code 14202-4188 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|------------------------------------|
| Name of Employer Merchants Mutual Insurance Company | Occupation VP Corporate Service |
|--|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 26 | / | 2014 |

Transaction ID : AD479154E85634E36B24

Amount of Each Receipt this Period

| |
|--------|
| 250.00 |
|--------|

C. Mr. David Karcher
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 239

| | | |
|------------------------|-------------|------------------------|
| City Upper Sandusky | State OH | Zip Code 43351-0239 |
|------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|------------------------|
| Name of Employer Farmers Mutual Relief Association of W | Occupation Director |
|--|------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 03 | / | 2014 |

Transaction ID : A4138F48B81EB423DB6B

Amount of Each Receipt this Period

| |
|--------|
| 300.00 |
|--------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 585.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 46 OF 124 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Thomas Karol
Full Name (Last, First, Middle Initial)

Mailing Address 122 C St NW Ste 540

| | | |
|--------------------|-------------|------------------------|
| City Washington | State DC | Zip Code 20001-2102 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---------------------------------------|
| Name of Employer National Association of Mutual Insuran | Occupation Federal Affairs Counsel |
|--|---------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **863.74**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 05 | / | 2014 |

Transaction ID : ADA6EA017A5024D0B9F4

Amount of Each Receipt this Period

| |
|-------|
| 45.46 |
|-------|

B. Mr. Thomas Karol
Full Name (Last, First, Middle Initial)

Mailing Address 122 C St NW Ste 540

| | | |
|--------------------|-------------|------------------------|
| City Washington | State DC | Zip Code 20001-2102 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---------------------------------------|
| Name of Employer National Association of Mutual Insuran | Occupation Federal Affairs Counsel |
|--|---------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **909.20**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 19 | / | 2014 |

Transaction ID : A25C0E66132224421A2C

Amount of Each Receipt this Period

| |
|-------|
| 45.46 |
|-------|

C. Ms. Pamela J. Keeney
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

| | | |
|----------------------|-------------|------------------------|
| City Indianapolis | State IN | Zip Code 46268-0700 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer NAMIC Insurance Company, Inc. | Occupation Vice President - Underwriting & Ins Op |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **430.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 05 | / | 2014 |

Transaction ID : A669E476AA54D42658D5

Amount of Each Receipt this Period

| |
|-------|
| 15.00 |
|-------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 105.92 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 47 OF 124 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Ms. Pamela J. Keeney
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City State Zip Code
 Indianapolis IN 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NAMIC Insurance Company, Inc. Vice President - Underwriting & Ins Op
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 445.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2014
Transaction ID : A41182FF0748045C483F
 Amount of Each Receipt this Period
 15.00

B. Mr. Frank P. Kellner III
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 N Main St
 City State Zip Code
 Bel Air MD 21014-3544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Harford Mutual Insurance Company Vice President, Claims
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 388.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2014
Transaction ID : A72259F0775CD4CF5BD5
 Amount of Each Receipt this Period
 41.66

C. Ms. Jami Kelly
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City State Zip Code
 Frankenmuth MI 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Frankenmuth Mutual Insurance Company Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 741.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A06EA407DC169478D892
 Amount of Each Receipt this Period
 39.00

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 95.66 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 48 OF 124 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Ms. Jami Kelly
Full Name (Last, First, Middle Initial)
Mailing Address One Mutual Avenue
City Frankenmuth State MI Zip Code 48787-0001
FEC ID number of contributing federal political committee. **C**
Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **780.00**

Date of Receipt **09 / 26 / 2014**
Transaction ID : A6F24E1333DBF45DF804
Amount of Each Receipt this Period **39.00**

B. Ms. Sherry Kidwell
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 111
City Bucyrus State OH Zip Code 44820-0111
FEC ID number of contributing federal political committee. **C**
Name of Employer United Ohio Insurance Company Occupation Manager of Application
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **280.00**

Date of Receipt **09 / 08 / 2014**
Transaction ID : A5876C12F1B044E9F993
Amount of Each Receipt this Period **20.00**

C. Ms. Sherry Kidwell
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 111
City Bucyrus State OH Zip Code 44820-0111
FEC ID number of contributing federal political committee. **C**
Name of Employer United Ohio Insurance Company Occupation Manager of Application
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 30 / 2014**
Transaction ID : A1FDB345CFF68485D8AC
Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional)..... **79.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)
A. Mr. Mark King

Mailing Address 200 N Main St

City State Zip Code
Bel Air MD 21014-3554

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Harford Mutual Insurance Company Vice President & Chief Financial Offic

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2014
Transaction ID : A7CDB81399B9D431A9CE

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. Mr. Ken Kirk

Mailing Address 3030 N 3rd St

City State Zip Code
Phoenix AZ 85012-3074

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CopperPoint Mutual Insurance Company Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2014
Transaction ID : AC3ED9F830C9A4B5C93B

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
C. Mr. Drew A. Klasing

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Auto-Owners Insurance Company Manager, Home Office Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2014
Transaction ID : A65F825810D724F46A31

Amount of Each Receipt this Period
 45.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1095.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Kraig T. Klopfenstein
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Sales/Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2014
Transaction ID : ABBA3D40BA79B4B04884
 Amount of Each Receipt this Period
 750.00

B. Mr. Andrew Knudsen
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 722.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : ACBB1FAD4FF654C15A12
 Amount of Each Receipt this Period
 38.00

C. Mr. Andrew Knudsen
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A88C0225B5C154A9EA09
 Amount of Each Receipt this Period
 38.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 151.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 51 OF 124 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Edward J. Largent III
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Park Cir
 City Westfield Center State OH Zip Code 44251-9700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Westfield Insurance Company Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : AC985080013DB408B916
 Amount of Each Receipt this Period
 2500.00

B. Mr. Justin L. Lear PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 396
 City Ellinwood State KS Zip Code 67526-0396
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Farmers Mutual Insurance Company Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : AE4CF87E4FCCB4921A8C
 Amount of Each Receipt this Period
 30.00

C. Ms. Theresa Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 6927
 City Richmond State VA Zip Code 23230-0927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mutual Assurance Society of Virginia Occupation Secretary-Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 407.28

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2014
Transaction ID : A294F41070580410A9B8
 Amount of Each Receipt this Period
 41.66

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2571.66 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 52 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Bernard D. Lindsey
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 256

City Grand Mound State IA Zip Code 52751-0256

FEC ID number of contributing federal political committee. **C**

Name of Employer American Mutual Insurance Association Occupation Secretary/Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 09 / 2014

Transaction ID : AB0D3E5F85F72421FA91

Amount of Each Receipt this Period
 300.00

B. Mr. Steven D. Linkous
Full Name (Last, First, Middle Initial)

Mailing Address 200 N Main St

City Bel Air State MD Zip Code 21014-3544

FEC ID number of contributing federal political committee. **C**

Name of Employer Harford Mutual Insurance Company Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1281.75

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 09 / 2014

Transaction ID : A9B551A28317047C9B7F

Amount of Each Receipt this Period
 454.48

C. Mr. Steven D. Linkous
Full Name (Last, First, Middle Initial)

Mailing Address 200 N Main St

City Bel Air State MD Zip Code 21014-3544

FEC ID number of contributing federal political committee. **C**

Name of Employer Harford Mutual Insurance Company Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2056.75

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : A3099A81F86364763B02

Amount of Each Receipt this Period
 575.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1329.48 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 53 OF 124 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)
A. Mr. Steven D. Linkous

Mailing Address 200 N Main St

City State Zip Code
Bel Air MD 21014-3544

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Harford Mutual Insurance Company President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2056.75

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014
Transaction ID : A4306602424B04A4DA52

Amount of Each Receipt this Period
200.00

Full Name (Last, First, Middle Initial)
B. Mr. Roger Looyenga

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Auto-Owners Insurance Company Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2014
Transaction ID : A54E05506E2DD4C28975

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Mr. Brian D. Lopata

Mailing Address 1 Preferred Way

City State Zip Code
New Berlin NY 13411-1800

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Preferred Mutual Insurance Company SVP, Profit Center Operations & Custom

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 08 / 2014
Transaction ID : A09FB40BB91CB418DB1A

Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 780.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 55 OF 124 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Wilbur J. Maas PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 812
 City Hull State IA Zip Code 51239-0812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Farmers Mutual Insurance Association o Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2014
Transaction ID : A98B50E5E491F423298B
 Amount of Each Receipt this Period
 900.00

B. Ms. Donna Magness
 Full Name (Last, First, Middle Initial)
 Mailing Address 202 W Maple St
 City Plattsburg State MO Zip Code 64477-1254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Farmers Mutual Insurance Company of CI Occupation Company Business Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2014
Transaction ID : A20AD6860FD184D118EA
 Amount of Each Receipt this Period
 150.00

C. Mr. Charles Makey
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 Main St
 City Buffalo State NY Zip Code 14202-4188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Merchants Mutual Insurance Company Occupation Senior VP, Insurance Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : A37050DE317FF44D9BF6
 Amount of Each Receipt this Period
 250.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1300.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 56 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Ms. Diane Marshall
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2014
Transaction ID : A68A7C88ABB824A289A9
 Amount of Each Receipt this Period
100.00

B. Mr. Dale J. Martin
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 400
 City Branchville State NJ Zip Code 07826-0400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FMI Insurance Company Occupation Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : AB5B9ECD41C6946838ED
 Amount of Each Receipt this Period
500.00

c. Mr. Jeffrey L. Mauland CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 48
 City Cottonwood State MN Zip Code 56229-0048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Star Mutual Insurance Company Occupation President/CEO & Chairman
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 09 / 2014
Transaction ID : A48FBF0E14AAA468DB00
 Amount of Each Receipt this Period
300.00

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 900.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 57 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Ms. Lori McAllister
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 08 / 2014**
Transaction ID : A6E1F317A7C7E40C29A0
 Amount of Each Receipt this Period **250.00**

B. Mr. Phil McCain
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, IT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **730.93**

Date of Receipt **09 / 12 / 2014**
Transaction ID : A5CD421BF4C7F4F72861
 Amount of Each Receipt this Period **38.47**

C. Mr. Phil McCain
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, IT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **769.40**

Date of Receipt **09 / 26 / 2014**
Transaction ID : AE0E58E975E4C4756858
 Amount of Each Receipt this Period **38.47**

SUBTOTAL of Receipts This Page (optional)..... **326.94**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 58 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. S.H. McCullough
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 244017

| | | |
|--------------------|-------------|------------------------|
| City Montgomery | State AL | Zip Code 36124-4017 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|---------------------------------------|
| Name of Employer Auto-Owners Insurance Company | Occupation RVP - Montgomery Region |
|---|---------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 25 | / | 2014 |

Transaction ID : A9622C6474C4142C4BA6

Amount of Each Receipt this Period
250.00

B. Ms. Marcia McKean
Full Name (Last, First, Middle Initial)
Mailing Address 25380 State Highway 13

| | | |
|--------------------|-------------|------------------------|
| City Manchester | State MN | Zip Code 56007-5018 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|-------------------------|
| Name of Employer Farmers Mutual Insurance Company | Occupation Secretary |
|--|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 08 | / | 2014 |

Transaction ID : AFDE04434785F487DA9D

Amount of Each Receipt this Period
300.00

C. Ms. Sherry L. McKenzie AAM, AIS
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 30660

| | | |
|-----------------|-------------|------------------------|
| City Lansing | State MI | Zip Code 48909-8160 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|---------------------------------|
| Name of Employer Auto-Owners Insurance Company | Occupation Assistant Manager |
|---|---------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 25 | / | 2014 |

Transaction ID : AEED8215B9B0B4E73BA0

Amount of Each Receipt this Period
75.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 400.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 59 OF 124 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

| | | | |
|---|-------------|---|---|
| Full Name (Last, First, Middle Initial) A. Mr. Brian S. McLeod | | | Date of Receipt 09 / 12 / 2014 Transaction ID : A16D4F8364E734FB8BBD |
| Mailing Address One Mutual Avenue | | | Amount of Each Receipt this Period 38.50 |
| City Frankenmuth | State MI | Zip Code 48787-0001 | |
| FEC ID number of contributing federal political committee. C | | | Aggregate Year-to-Date ▼ 731.50 |
| Name of Employer Frankenmuth Mutual Insurance Company | | Occupation Vice President, Secretary & Treasurer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-------------|---|---|
| Full Name (Last, First, Middle Initial) B. Mr. Brian S. McLeod | | | Date of Receipt 09 / 26 / 2014 Transaction ID : A5032F56B828049DE926 |
| Mailing Address One Mutual Avenue | | | Amount of Each Receipt this Period 38.50 |
| City Frankenmuth | State MI | Zip Code 48787-0001 | |
| FEC ID number of contributing federal political committee. C | | | Aggregate Year-to-Date ▼ 770.00 |
| Name of Employer Frankenmuth Mutual Insurance Company | | Occupation Vice President, Secretary & Treasurer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-------------|--|---|
| Full Name (Last, First, Middle Initial) C. Mr. Kevin M. Meskell | | | Date of Receipt 09 / 09 / 2014 Transaction ID : A9B32331E75494DCBB0D |
| Mailing Address 57 Washington St | | | Amount of Each Receipt this Period 550.00 |
| City Quincy | State MA | Zip Code 02169-5303 | |
| FEC ID number of contributing federal political committee. C | | | Aggregate Year-to-Date ▼ 3050.00 |
| Name of Employer Quincy Mutual Fire Insurance Company | | Occupation Executive Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 627.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 60 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Kevin M. Meskell
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 Washington St
 City Quincy State MA Zip Code 02169-5303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Quincy Mutual Fire Insurance Company Occupation Executive Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3725.00**

Date of Receipt **09 / 30 / 2014**
Transaction ID : A1A8672AFAD25420486F
 Amount of Each Receipt this Period **675.00**

B. Mr. Thomas A. Meyers
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 Main St
 City Buffalo State NY Zip Code 14202-4188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Merchants Mutual Insurance Company Occupation Chief Finance Officer, Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 22 / 2014**
Transaction ID : A51787762C7D046B5A52
 Amount of Each Receipt this Period **250.00**

C. Mr. Scott A. Michael
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation AVP - Personal Lines Auto
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **410.00**

Date of Receipt **09 / 25 / 2014**
Transaction ID : AD26AC019844B450CBC8
 Amount of Each Receipt this Period **45.00**

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 970.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 61 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. David Middleton
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

FEC ID number of contributing federal political committee. **C**

Name of Employer National Association of Mutual Insuran Occupation Vice President - Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt **09 / 05 / 2014**

Transaction ID : A071E6C54625F4A60995

Amount of Each Receipt this Period **40.00**

B. Mr. David Middleton
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

FEC ID number of contributing federal political committee. **C**

Name of Employer National Association of Mutual Insuran Occupation Vice President - Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **09 / 19 / 2014**

Transaction ID : AC89BE3964CB94E008CE

Amount of Each Receipt this Period **40.00**

c. Mr. Stephen H. Miller CPCU
Full Name (Last, First, Middle Initial)

Mailing Address 325 Eastlake Ave E

City Seattle State WA Zip Code 98109-5407

FEC ID number of contributing federal political committee. **C**

Name of Employer PEMCO Mutual Insurance Company Occupation Vice President & COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **09 / 09 / 2014**

Transaction ID : A3AD5F9B609184F8A8F1

Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **180.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 62 OF 124 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Jason Moeller
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 325

City State Zip Code
Sioux Center IA 51250-0325

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
German Farmers Mutual Insurance Associ President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2014

Transaction ID : AFF3F1DA40B0147A5B1A

Amount of Each Receipt this Period
1000.00

B. Ms. Dona L. Mohr
Full Name (Last, First, Middle Initial)

Mailing Address 1725 Hopley Ave

City State Zip Code
Bucyrus OH 44820-3569

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Ohio Mutual Insurance Company Assistant Vice President-Quality Servi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
810.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 08 / 2014

Transaction ID : A31C3C30ACF474B178B7

Amount of Each Receipt this Period
45.00

C. Ms. Dona L. Mohr
Full Name (Last, First, Middle Initial)

Mailing Address 1725 Hopley Ave

City State Zip Code
Bucyrus OH 44820-3569

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Ohio Mutual Insurance Company Assistant Vice President-Quality Servi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
855.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : A1468552D59BB4982A15

Amount of Each Receipt this Period
45.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1090.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 63 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Ms. Carolyn B. Muller
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Senior Vice President - Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt 09 / 25 / 2014
Transaction ID : AE74CDD1472CF4CF1AF8
 Amount of Each Receipt this Period 85.00

B. Mr. Roger E. Needham AIC, AIS
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 666
 City Forreston State IL Zip Code 61030-0666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Forreston Mutual Insurance Company Occupation Operations Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 30 / 2014
Transaction ID : AF0D6BF2573F7498284E
 Amount of Each Receipt this Period 800.00

C. Mr. Mikel B. Nelson
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 250
 City Upsala State MN Zip Code 56384-0250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Elmdale Farmers Mutual Insurance, Inc. Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 09 / 16 / 2014
Transaction ID : A577B7363775E4B01806
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 985.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 64 OF 124 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

| | | |
|---|-------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Mr. Eric Nelson | | Date of Receipt MM / DD / YYYY 09 / 02 / 2014 Transaction ID : AFC68EEEDCB7642B0A1E |
| Mailing Address 1460 Wells St | | Amount of Each Receipt this Period 250.00 |
| City Enumclaw | State WA | Zip Code 98022-3003 |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date ▼ 2250.00 |
| Name of Employer Mutual of Enumclaw Insurance Company | Occupation President & CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|------------------------|---|
| Full Name (Last, First, Middle Initial) B. Mr. Paul Neufeld | | Date of Receipt MM / DD / YYYY 09 / 03 / 2014 Transaction ID : A5C131A9A7E9241C6A17 |
| Mailing Address 947 Evergreen Court | | Amount of Each Receipt this Period 300.00 |
| City Wasco | State CA | Zip Code 93280 |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date ▼ 300.00 |
| Name of Employer Mennonite Aid Plan of the Pacific Coas | Occupation Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|------------------------|---|
| Full Name (Last, First, Middle Initial) C. Ms. Margaret Noto | | Date of Receipt MM / DD / YYYY 09 / 08 / 2014 Transaction ID : A4AA50DC17DB34F16AE8 |
| Mailing Address PO Box 400 | | Amount of Each Receipt this Period 250.00 |
| City Branchville | State NJ | Zip Code 07826-0400 |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date ▼ 250.00 |
| Name of Employer Franklin Mutual Insurance Company | Occupation Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 800.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Danny Oakes
 Full Name (Last, First, Middle Initial)
 Mailing Address 208 E Montford Ave
 City State Zip Code
 Ada OH 45810-1146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Farmers Mutual Relief Association of W President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2014
Transaction ID : A3B47A9C2E7D14820829
 Amount of Each Receipt this Period
 150.00

B. Mr. Danny Oakes
 Full Name (Last, First, Middle Initial)
 Mailing Address 208 E Montford Ave
 City State Zip Code
 Ada OH 45810-1146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Farmers Mutual Relief Association of W President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2014
Transaction ID : A4DC134AFDDBA4BF8878
 Amount of Each Receipt this Period
 150.00

c. Mr. Doug Oberg
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 10350
 Financial Center
 City State Zip Code
 Stamford CT 06904-2350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 General Reinsurance Corporation Senior Vice President Treaty Marketing
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2014
Transaction ID : A1F627AF6343845C3BB1
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 66 OF 124 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Doug Oberg
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 10350
Financial Center

City Stamford State CT Zip Code 06904-2350

FEC ID number of contributing federal political committee. **C**

Name of Employer General Reinsurance Corporation Occupation Senior Vice President Treaty Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 09 / 30 / 2014
Transaction ID : A268C2E61170A455EB18

Amount of Each Receipt this Period 1450.00

B. Mr. Robert F. Ohler
Full Name (Last, First, Middle Initial)

Mailing Address 200 N Main St

City Bel Air State MD Zip Code 21014-3544

FEC ID number of contributing federal political committee. **C**

Name of Employer Harford Mutual Insurance Company Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 977.84

Date of Receipt 09 / 09 / 2014
Transaction ID : A96041FF2EF0A42918D7

Amount of Each Receipt this Period 83.34

C. Mr. Paul Otto
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

FEC ID number of contributing federal political committee. **C**

Name of Employer Auto-Owners Insurance Company Occupation Vice President, Financial Accounting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 25 / 2014
Transaction ID : A2266582ED3544B77BBB

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1583.34

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 67 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Gary J. Paich
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 400

City Branchville State NJ Zip Code 07826-0400

FEC ID number of contributing federal political committee. **C**

Name of Employer FMI Insurance Company Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014

Transaction ID : A9CDEDF9B3AAC4F6B846

Amount of Each Receipt this Period
 250.00

B. Ms. Sandra G. Parrillo CPCU
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6066

City Providence State RI Zip Code 02940-6066

FEC ID number of contributing federal political committee. **C**

Name of Employer Providence Mutual Fire Insurance Compa Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : AD3F8D1640D7C46188B6

Amount of Each Receipt this Period
 250.00

C. Mr. John A. Paul PFMM, FMDC
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 498

City Council Bluffs State IA Zip Code 51502-0498

FEC ID number of contributing federal political committee. **C**

Name of Employer Western Iowa Mutual Insurance Associat Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2014

Transaction ID : A6A1E9D37177548669A1

Amount of Each Receipt this Period
 300.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 800.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 68 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. John A. Paul PFMM, FMDC
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 498
 City Council Bluffs State IA Zip Code 51502-0498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Western Iowa Mutual Insurance Associat Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2760.00**

Date of Receipt **09 / 30 / 2014**
Transaction ID : A0DD97076D8C34A86816
 Amount of Each Receipt this Period **100.00**

B. Mr. John A. Paul PFMM, FMDC
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 498
 City Council Bluffs State IA Zip Code 51502-0498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Western Iowa Mutual Insurance Associat Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2760.00**

Date of Receipt **09 / 30 / 2014**
Transaction ID : A1DCAC90D8B1041B3BE9
 Amount of Each Receipt this Period **1410.00**

C. Mr. David Pederson
 Full Name (Last, First, Middle Initial)
 Mailing Address 25380 State Highway 13
 City Manchester State MN Zip Code 56007-5018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Farmers Mutual Insurance Company Occupation Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **09 / 09 / 2014**
Transaction ID : A60925A6BE6C94125A51
 Amount of Each Receipt this Period **400.00**

SUBTOTAL of Receipts This Page (optional)..... **1910.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 69 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Randall S. Peters
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 N Branch Rd
 City Cuba State NY Zip Code 14727-9290
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allegany Co-Op Insurance Company Occupation President/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2014
Transaction ID : A53F7C38E697D4191945
 Amount of Each Receipt this Period
 400.00

B. Ms. Andrea I. Phillips
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Asst. Vice President, Personal Lines U
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2014
Transaction ID : AB7CD822022EE4677ABF
 Amount of Each Receipt this Period
 25.00

C. Ms. Mary S. Pierce
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2014
Transaction ID : ACE639EB4FC2042A38EA
 Amount of Each Receipt this Period
 58.33

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 483.33 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 70 OF 124 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Mike Pike
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 30660

| | | |
|-----------------|-------------|------------------------|
| City Lansing | State MI | Zip Code 48909-8160 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer Auto-Owners Insurance Company | Occupation Human Resources Professional |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 25 | / | 2014 |

Transaction ID : A5FFA0D26B26046B5ADD

Amount of Each Receipt this Period
350.00

B. Mr. Barry Preslaski
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 30660

| | | |
|-----------------|-------------|------------------------|
| City Lansing | State MI | Zip Code 48909-8160 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|------------------------------|
| Name of Employer Auto-Owners Insurance Company | Occupation Vice President |
|---|------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 25 | / | 2014 |

Transaction ID : AA431C4500428432CA45

Amount of Each Receipt this Period
30.00

C. Mr. Lee Rademacher
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 30660

| | | |
|-----------------|-------------|------------------------|
| City Lansing | State MI | Zip Code 48909-8160 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer Auto-Owners Insurance Company | Occupation Assistant Vice President-Commercial Li |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 25 | / | 2014 |

Transaction ID : A681C7582534A44F09D4

Amount of Each Receipt this Period
30.00

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 95.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 71 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)
A. Gannon Reilly

Mailing Address **PO Box 3518**

City **Stamford** State **CT** Zip Code **06905-0518**

FEC ID number of contributing federal political committee. **C**

Name of Employer **e2Value, Inc.** Occupation **Vice President, Sales**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
09 / 08 / 2014
Transaction ID : A6953125BA5E248F6856

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
B. Mr. Jonathan R. Riekse

Mailing Address **PO Box 30660**

City **Lansing** State **MI** Zip Code **48909-8160**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Auto-Owners Insurance Company** Occupation **Senior Vice President, Personal Lines**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **830.70**

Date of Receipt
09 / 25 / 2014
Transaction ID : A664CD59C2D2540B3B95

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
C. Mr. Jeff Rink

Mailing Address **200 N Main St**

City **Bel Air** State **MD** Zip Code **21014-3544**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Harford Mutual Insurance Company** Occupation **Director of Marketing**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **361.06**

Date of Receipt
09 / 09 / 2014
Transaction ID : AFA8F0584C5DF47D6A06

Amount of Each Receipt this Period
41.66

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 424.99 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 73 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Kenneth Schroeder
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

FEC ID number of contributing federal political committee. **C**

Name of Employer Auto-Owners Insurance Company Occupation Senior Vice President, Commercial Unde

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt 09 / 25 / 2014
Transaction ID : AD83CF6D8D003478E822

Amount of Each Receipt this Period 50.00

B. Mr. A.H. Schuettpelz CIC
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 59

City Lena State WI Zip Code 54139-0059

FEC ID number of contributing federal political committee. **C**

Name of Employer Maple Valley Mutual Insurance Company Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2014
Transaction ID : AB5F6F4D6595F478C9D0

Amount of Each Receipt this Period 300.00

C. Mr. James C. Schumacher
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

FEC ID number of contributing federal political committee. **C**

Name of Employer Auto-Owners Insurance Company Occupation Director - Agency Systems

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 09 / 25 / 2014
Transaction ID : AF97711A3CEEA45BBA17

Amount of Each Receipt this Period 42.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 392.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 74 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Ms. Judy Schumacher
Full Name (Last, First, Middle Initial)

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012-3074

FEC ID number of contributing federal political committee. **C**

Name of Employer CopperPoint Mutual Insurance Company Occupation Assistant Vice President, Administrati

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **833.28**

Date of Receipt **09 / 16 / 2014**

Transaction ID : A81AE71BB7EBD48088EF

Amount of Each Receipt this Period **500.00**

B. Mr. Richard Schumacher PFMM
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 168

City Hartley State IA Zip Code 51346-0168

FEC ID number of contributing federal political committee. **C**

Name of Employer Century Mutual Insurance Association Occupation President/Treasurer/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1150.00**

Date of Receipt **09 / 09 / 2014**

Transaction ID : A3CB5228C9A7E431B8C3

Amount of Each Receipt this Period **900.00**

C. Mr. Richard Schumacher PFMM
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 168

City Hartley State IA Zip Code 51346-0168

FEC ID number of contributing federal political committee. **C**

Name of Employer Century Mutual Insurance Association Occupation President/Treasurer/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1360.00**

Date of Receipt **09 / 30 / 2014**

Transaction ID : AFAC2510B0D4140F29E1

Amount of Each Receipt this Period **210.00**

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1610.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 75 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Ms. Phyllis Senseman LUTCF
 Full Name (Last, First, Middle Initial)
 Mailing Address 3030 N 3rd St
 City Phoenix State AZ Zip Code 85012-3074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CopperPoint Mutual Insurance Company Occupation Vice President Marketing and Communica
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 354.12

Date of Receipt 09 / 02 / 2014
Transaction ID : AE702166E86EA451E8C6
 Amount of Each Receipt this Period 20.84

B. Ms. Phyllis Senseman LUTCF
 Full Name (Last, First, Middle Initial)
 Mailing Address 3030 N 3rd St
 City Phoenix State AZ Zip Code 85012-3074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CopperPoint Mutual Insurance Company Occupation Vice President Marketing and Communica
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 374.96

Date of Receipt 09 / 18 / 2014
Transaction ID : A2F688613DA744BAA8C2
 Amount of Each Receipt this Period 20.84

C. Mr. Kent B. Shantz
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 5626
 City Rockford State IL Zip Code 61125-0626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rockford Mutual Insurance Company Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 776.00

Date of Receipt 09 / 30 / 2014
Transaction ID : A0E8656C4C51C4697BBD
 Amount of Each Receipt this Period 77.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 118.68
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 76 OF 124 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Christopher G. Shipe CPCU, AIT
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 58
 City Waterford State VA Zip Code 20197-0058
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Loudoun Mutual Insurance Company Occupation President/CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1100.00**

Date of Receipt **09 / 09 / 2014**
Transaction ID : A0EFD4126B1944C83811
 Amount of Each Receipt this Period **500.00**

B. Mr. Christopher G. Shipe CPCU, AIT
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 58
 City Waterford State VA Zip Code 20197-0058
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Loudoun Mutual Insurance Company Occupation President/CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1200.00**

Date of Receipt **09 / 30 / 2014**
Transaction ID : A02B48DF2AF2C4070B67
 Amount of Each Receipt this Period **100.00**

C. Ms. Anna Smerkar
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 84
 City Marble State PA Zip Code 16334-0084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Farmers Mutual Fire Insurance Company Occupation Secretary/Vice President of Underwriti
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **375.00**

Date of Receipt **09 / 09 / 2014**
Transaction ID : A5472270523B8404493C
 Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional)..... **900.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 77 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Donald A. Smith Jr.

Full Name (Last, First, Middle Initial)
Mailing Address 3030 N 3rd St

| | | |
|-----------------|-------------|------------------------|
| City Phoenix | State AZ | Zip Code 85012-3074 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|-------------------------------|
| Name of Employer CopperPoint Mutual Insurance Company | Occupation President & CEO |
|--|-------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1785.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 02 | / | 2014 |

Transaction ID : A1268D54C765B421C8B2

Amount of Each Receipt this Period
105.00

B. Mr. Donald A. Smith Jr.

Full Name (Last, First, Middle Initial)
Mailing Address 3030 N 3rd St

| | | |
|-----------------|-------------|------------------------|
| City Phoenix | State AZ | Zip Code 85012-3074 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|-------------------------------|
| Name of Employer CopperPoint Mutual Insurance Company | Occupation President & CEO |
|--|-------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1890.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 18 | / | 2014 |

Transaction ID : ABF41122799A04678852

Amount of Each Receipt this Period
105.00

C. Mr. John K. Smith CRM, CIC,

Full Name (Last, First, Middle Initial)
Mailing Address 1 Commerce Sq

| | | |
|----------------------|-------------|------------------------|
| City Philadelphia | State PA | Zip Code 19103-7042 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|-------------------------------|
| Name of Employer Pennsylvania Lumbermens Mutual Insuran | Occupation President & CEO |
|--|-------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
955.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 08 | / | 2014 |

Transaction ID : A46E9284897F54A9EB56

Amount of Each Receipt this Period
380.00

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 590.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 78 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

| | | |
|--|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Mr. John K. Smith CRM, CIC, | | Date of Receipt |
| Mailing Address 1 Commerce Sq | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Philadelphia | PA | 19103-7042 |
| FEC ID number of contributing federal political committee. | | Transaction ID : AD85B96AC1AA34CC49CC |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="1655.00"/> |
| Name of Employer | Occupation | |
| Pennsylvania Lumbermens Mutual Insuran | President & CEO | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="2610.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Ms. Irica Solomon | | Date of Receipt |
| Mailing Address 122 C St NW Ste 540 | | <input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Washington | DC | 20001-2102 |
| FEC ID number of contributing federal political committee. | | Transaction ID : AAC9DFE441A1049EEB3E |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="45.46"/> |
| Name of Employer | Occupation | |
| National Association of Mutual Insuran | Vice President of Federal and Politica | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="873.74"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Ms. Irica Solomon | | Date of Receipt |
| Mailing Address 122 C St NW Ste 540 | | <input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Washington | DC | 20001-2102 |
| FEC ID number of contributing federal political committee. | | Transaction ID : A16940177AEE24F21BF8 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="45.46"/> |
| Name of Employer | Occupation | |
| National Association of Mutual Insuran | Vice President of Federal and Politica | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="919.20"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="1745.92"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 79 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Steven C. Speicher
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City State Zip Code
 Lansing MI 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Auto-Owners Insurance Company Regional Vice President - Forest Regio
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2014
Transaction ID : A3F5BB5FFE5354724B29
 Amount of Each Receipt this Period
 500.00

B. Mr. John R. Spielberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 N Main St
 City State Zip Code
 Bel Air MD 21014-3544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Harford Mutual Insurance Company General Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 777.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2014
Transaction ID : A4F3698D6508446C9A13
 Amount of Each Receipt this Period
 83.34

C. Ms. Kristen Spriggs
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City State Zip Code
 Indianapolis IN 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 National Association of Mutual Insuran Vice President - Member Development
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2014
Transaction ID : A49678A510D474D89975
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 153.34
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 80 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

| | | |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Ms. Kristen Spriggs | | Date of Receipt |
| Mailing Address PO Box 68700 | | <input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Indianapolis | IN | 46268-0700 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : A6BE00B592EE04BCBA32 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| National Association of Mutual Insuran | Vice President - Member Development | <input type="text" value="20.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="400.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Mr. Scott St. Angel | | Date of Receipt |
| Mailing Address 23 Royal Rd Ste 100 | | <input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Flemington | NJ | 08822-6001 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : A0ACA3C85DFE7468F92E |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Farmers Insurance Company of Flemingto | President & CEO | <input type="text" value="300.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="475.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Mr. Scott St. Angel | | Date of Receipt |
| Mailing Address 23 Royal Rd Ste 100 | | <input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Flemington | NJ | 08822-6001 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : AD0075B6B009E4B22B96 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Farmers Insurance Company of Flemingto | President & CEO | <input type="text" value="25.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="500.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="345.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)
A. Mr. Robert G. Street AIM

Mailing Address 222 Ames St

City State Zip Code
 Dedham MA 02026-1850

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Norfolk & Dedham Mutual Fire Insurance NE Casualty Claims Division Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 09 / 02 / 2014
Transaction ID : ABDB6196532694529AC1

Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
B. Mr. Robert G. Street AIM

Mailing Address 222 Ames St

City State Zip Code
 Dedham MA 02026-1850

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Norfolk & Dedham Mutual Fire Insurance NE Casualty Claims Division Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 380.00

Date of Receipt
 09 / 19 / 2014
Transaction ID : A00CB34E1E3ED4BC5B49

Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
C. Mr. Paul G. Stueven PFMM

Mailing Address 118 Downtown Plz

City State Zip Code
 Fairmont MN 56031-4461

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Fairmont Farmers Mutual Insurance Comp COO/Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2425.00

Date of Receipt
 09 / 09 / 2014
Transaction ID : A60EED274B27F4D199FD

Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 390.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 82 OF 124 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Paul G. Stueven PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address 118 Downtown Plz
 City Fairmont State MN Zip Code 56031-4461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fairmont Farmers Mutual Insurance Comp Occupation COO/Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2740.00

Date of Receipt 09 / 30 / 2014
Transaction ID : A4FF29E6AC6F44E1AB1F
 Amount of Each Receipt this Period 315.00

B. Mr. Tim F. Sullivan RPLU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NAMIC Insurance Company, Inc. Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1826.85

Date of Receipt 09 / 05 / 2014
Transaction ID : A5AB3BF6CAB4B487CBF2
 Amount of Each Receipt this Period 96.15

C. Mr. Tim F. Sullivan RPLU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NAMIC Insurance Company, Inc. Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 09 / 19 / 2014
Transaction ID : AD99AF9A070ED4617B82
 Amount of Each Receipt this Period 96.15

SUBTOTAL of Receipts This Page (optional)..... ▶ 507.30
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 83 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Terry Suttner
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 68700

| | | |
|---|---|------------------------|
| City Indianapolis | State IN | Zip Code 46268-0700 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer National Association of Mutual Insuran | Occupation Vice President - Membership/Insurance | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 772.63 | |

Date of Receipt
09 / 05 / 2014
Transaction ID : AA219B70299374806835

Amount of Each Receipt this Period
40.00

B. Mr. Terry Suttner
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 68700

| | | |
|---|---|------------------------|
| City Indianapolis | State IN | Zip Code 46268-0700 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer National Association of Mutual Insuran | Occupation Vice President - Membership/Insurance | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 812.63 | |

Date of Receipt
09 / 19 / 2014
Transaction ID : A6E0AD4FE0AA64B1E970

Amount of Each Receipt this Period
40.00

C. Ms. Susan K. Taggart PFMM
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 68

| | | |
|---|------------------------------------|------------------------|
| City Remington | State IN | Zip Code 47977-0068 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Remington Farmers Mutual Insurance Com | Occupation CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 700.00 | |

Date of Receipt
09 / 09 / 2014
Transaction ID : A071B24E1B9C0439493A

Amount of Each Receipt this Period
300.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 380.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 84 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Jeffrey Tagsold
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2014
Transaction ID : ADA81BBD0FC064D45AEC
 Amount of Each Receipt this Period
100.00

B. Mr. Brian Taylor PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 310
 City Wellsburg State WV Zip Code 26070-0310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Municipal Mutual Insurance Company Occupation President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 09 / 2014
Transaction ID : ADC6CEDFF572B4D38B67
 Amount of Each Receipt this Period
300.00

C. Mr. Paul Tetrault
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation State & Policy Affairs Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **380.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2014
Transaction ID : A50C6C3943A0C4B6B80D
 Amount of Each Receipt this Period
20.00

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 420.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 85 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)
A. Mr. Paul Tetrault

Mailing Address PO Box 68700

City State Zip Code
 Indianapolis IN 46268-0700

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 National Association of Mutual Insuran State & Policy Affairs Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 09 / 19 / 2014
Transaction ID : A31F23F67D360410F9B5

Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
B. Mr. Daniel J. Thelen

Mailing Address PO Box 30660

City State Zip Code
 Lansing MI 48909-8160

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Auto-Owners Insurance Company Senior Vice President of Human Resourc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 09 / 25 / 2014
Transaction ID : AC6856341245449E3ABC

Amount of Each Receipt this Period
 75.00

Full Name (Last, First, Middle Initial)
C. Mr. Joe Thesing

Mailing Address PO Box 68700

City State Zip Code
 Indianapolis IN 46268-0700

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 National Association of Mutual Insuran Vice President - State Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 760.00

Date of Receipt
 09 / 05 / 2014
Transaction ID : A37E9517044724067896

Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 135.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 86 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Joe Thesing
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

FEC ID number of contributing federal political committee. **C**

Name of Employer National Association of Mutual Insuran Occupation Vice President - State Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **09 / 19 / 2014**

Transaction ID : A1E6CC03A119540D3AC8

Amount of Each Receipt this Period **40.00**

B. Mr. Bruce D. Thomas PFMM
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 594

City Algona State IA Zip Code 50511-0594

FEC ID number of contributing federal political committee. **C**

Name of Employer Heartland Mutual Insurance Association Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1350.00**

Date of Receipt **09 / 30 / 2014**

Transaction ID : A33668CB9AFEE4F928D6

Amount of Each Receipt this Period **1200.00**

c. Mr. Gary W. Thompson CPCU, CIC
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 618

City Columbia State MO Zip Code 65205-0618

FEC ID number of contributing federal political committee. **C**

Name of Employer Columbia Mutual Insurance Company Occupation President/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1900.00**

Date of Receipt **09 / 10 / 2014**

Transaction ID : A80A1CCFD23A34818908

Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional)..... **1540.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 87 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Mr. William E. Totsch | | Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014 |
| Mailing Address 8735 W Higgins Rd Ste 235 | | Transaction ID : A27E3E82D56334ECCA50 |
| City Chicago | State IL | Zip Code 60631-2790 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Totsch Enterprises, Inc. | Occupation President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Mr. Randall Trinklein | | Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 12 / 2014 |
| Mailing Address One Mutual Avenue | | Transaction ID : A700BB31F3E094F5F852 |
| City Frankenmuth | State MI | Zip Code 48787-0001 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 39.00 |
| Name of Employer Frankenmuth Mutual Insurance Company | Occupation Vice President of Administration | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 741.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Mr. Randall Trinklein | | Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 26 / 2014 |
| Mailing Address One Mutual Avenue | | Transaction ID : AE2DD33BC48984AF6B6C |
| City Frankenmuth | State MI | Zip Code 48787-0001 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 39.00 |
| Name of Employer Frankenmuth Mutual Insurance Company | Occupation Vice President of Administration | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 780.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 328.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 88 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mrs. Ellen S. Truant
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 N Main St
 City State Zip Code
 Bel Air MD 21014-3544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Harford Mutual Insurance Company Vice President-Human Resources
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 388.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2014
Transaction ID : A4319B7B0C2004884859
 Amount of Each Receipt this Period
 41.66

B. Mr. Stephen Tully
 Full Name (Last, First, Middle Initial)
 Mailing Address 3030 N 3rd St
 City State Zip Code
 Phoenix AZ 85012-3074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CopperPoint Mutual Insurance Company Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2014
Transaction ID : A2EBB739786184496B01
 Amount of Each Receipt this Period
 250.00

C. Mr. John W. Tympanick CPA, MST
 Full Name (Last, First, Middle Initial)
 Mailing Address 95A Turnpike Rd
 City State Zip Code
 Westborough MA 01581-2878
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hospitality Mutual Insurance Company President and CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2014
Transaction ID : AFEB97289B3354CF6956
 Amount of Each Receipt this Period
 300.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 591.66 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 89 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Aaron J. Valentine
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Preferred Way
 City New Berlin State NY Zip Code 13411-1896
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Preferred Mutual Insurance Company Occupation Senior Vice President, Treasurer & CFO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2014
Transaction ID : A3B43DE1DCA514A81BD/
 Amount of Each Receipt this Period
800.00

B. Mr. Edouard Vieux Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 175 King St
 City Armonk State NY Zip Code 10504-1606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Swiss Re America Occupation Senior Vice President
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : AC0012F8D983D4EA3A11
 Amount of Each Receipt this Period
250.00

C. Mr. James J. Walsh Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Vice President-Claims
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2014
Transaction ID : AD85FDB74105B417D886
 Amount of Each Receipt this Period
50.00

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 380.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 90 OF 124 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Ms. Sandra M. Walstrom
 Full Name (Last, First, Middle Initial)
 Mailing Address 25380 State Highway 13
 City Manchester State MN Zip Code 56007-5018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Farmers Mutual Insurance Company Occupation Office Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 09 / 2014
Transaction ID : A8DA3C3E67CD74496BCC
 Amount of Each Receipt this Period 300.00

B. Mr. Ian R. Ward
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Senior Vice President, Investments and
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 09 / 25 / 2014
Transaction ID : A1286F4A1C7D14AB99AF
 Amount of Each Receipt this Period 70.00

C. Mr. Mick Ware
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 5555
 City Meridian State ID Zip Code 83680-5555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United Heritage Property & Casualty Co Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 09 / 16 / 2014
Transaction ID : AEDC467B1518146CAB91
 Amount of Each Receipt this Period 100.00

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 470.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 91 OF 124 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Mick Ware
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 5555

| | | |
|------------------|-------------|------------------------|
| City Meridian | State ID | Zip Code 83680-5555 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|-------------------------------|
| Name of Employer United Heritage Property & Casualty Co | Occupation President & CEO |
|--|-------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2670.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2014 |

Transaction ID : A61BA9699DD144E0385C

Amount of Each Receipt this Period

| | | | | |
|--------|--------|--------|--------|-------|
| 400.00 | 100.00 | 100.00 | 100.00 | 70.00 |
|--------|--------|--------|--------|-------|

B. Mr. Rufus Watson
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 3428

| | | |
|-------------------|-------------|------------------------|
| City Knoxville | State TN | Zip Code 37927-3428 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|------------------------|
| Name of Employer Farmers Mutual of Tennessee | Occupation Director |
|---|------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2014 |

Transaction ID : AC4D0D6BDDD684D1EAB5

Amount of Each Receipt this Period

| |
|--------|
| 250.00 |
|--------|

C. Mr. Mark Wenger
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 30660

| | | |
|-----------------|-------------|------------------------|
| City Lansing | State MI | Zip Code 48909-8160 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer Auto-Owners Insurance Company | Occupation Assistant Vice President and Chief P&C |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 25 | / | 2014 |

Transaction ID : A3427C8E34E014B43A45

Amount of Each Receipt this Period

| |
|-------|
| 84.00 |
|-------|

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 404.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 92 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. James D. Whamond
Full Name (Last, First, Middle Initial)
Mailing Address 120 Long Ridge Rd
City Stamford State CT Zip Code 06902-1843
FEC ID number of contributing federal political committee. **C**
Name of Employer General Reinsurance Corporation Occupation Marketing Manager - Treaty South and W
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 09 / 30 / 2014
Transaction ID : A231B6598077A4D52A6F
Amount of Each Receipt this Period 2000.00

B. Jamie Whisnant
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 30660
City Lansing State MI Zip Code 48909-8160
FEC ID number of contributing federal political committee. **C**
Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 08 / 2014
Transaction ID : A72212905BE7B4B9D9C7
Amount of Each Receipt this Period 350.00

C. Mr. Gordon E. Wickham
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 30660
City Lansing State MI Zip Code 48909-8160
FEC ID number of contributing federal political committee. **C**
Name of Employer Auto-Owners Insurance Company Occupation AVP-Information Systems & Technology
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 25 / 2014
Transaction ID : A770716B82DC84808A96
Amount of Each Receipt this Period 21.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2371.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 93 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Noel A. Williams
Full Name (Last, First, Middle Initial)

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012-3074

FEC ID number of contributing federal political committee. **C**

Name of Employer CopperPoint Mutual Insurance Company Occupation Vice President of Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 354.11

Date of Receipt 09 / 02 / 2014
Transaction ID : A8D2FB94C6C7E49C9825

Amount of Each Receipt this Period 20.83

B. Mr. Noel A. Williams
Full Name (Last, First, Middle Initial)

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012-3074

FEC ID number of contributing federal political committee. **C**

Name of Employer CopperPoint Mutual Insurance Company Occupation Vice President of Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 374.94

Date of Receipt 09 / 18 / 2014
Transaction ID : A555AB1CDB62B42A48EF

Amount of Each Receipt this Period 20.83

C. Mr. Daniel Witt
Full Name (Last, First, Middle Initial)

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012-3074

FEC ID number of contributing federal political committee. **C**

Name of Employer CopperPoint Mutual Insurance Company Occupation Claims Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 261.00

Date of Receipt 09 / 02 / 2014
Transaction ID : A5D3DC1B4763B4F0592B

Amount of Each Receipt this Period 21.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 62.66

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 94 OF 124 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Daniel Witt
Full Name (Last, First, Middle Initial)

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012-3074

FEC ID number of contributing federal political committee. **C**

Name of Employer CopperPoint Mutual Insurance Company Occupation Claims Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 282.00

Date of Receipt 09 / 18 / 2014
Transaction ID : A971D692CB3F041C397C

Amount of Each Receipt this Period 21.00

B. Mr. William Woodbury
Full Name (Last, First, Middle Initial)

Mailing Address 6101 Anacapi Blvd

City Lansing State MI Zip Code 48917-3968

FEC ID number of contributing federal political committee. **C**

Name of Employer Auto-Owners Insurance Company Occupation SVP, Assoc. Secretary & Assoc. General

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 855.30

Date of Receipt 09 / 25 / 2014
Transaction ID : AFDFF74E5EC9C43CDA2A

Amount of Each Receipt this Period 91.67

c. Mr. Jeffrey S. Wrobel SR, CPCU
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6927

City Richmond State VA Zip Code 23230-0927

FEC ID number of contributing federal political committee. **C**

Name of Employer Mutual Assurance Society of Virginia Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.28

Date of Receipt 09 / 05 / 2014
Transaction ID : AAF36458900F14B03AAF

Amount of Each Receipt this Period 41.66

SUBTOTAL of Receipts This Page (optional)..... ▶ 154.33

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 95 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Thomas S. Wronski
 Full Name (Last, First, Middle Initial)
 Mailing Address 195 Davison Rd
 City Lockport State NY Zip Code 14094-3333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United Frontier Mutual Insurance Compa Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 16 / 2014
Transaction ID : A5FBD2B2A921F4916AE1
 Amount of Each Receipt this Period 300.00

B. Mr. Steve Zabriskie
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Assistant Vice President-Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 09 / 25 / 2014
Transaction ID : A6AD4778A6E1349D6942
 Amount of Each Receipt this Period 22.00

C. Mr. Robert M. Zak
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 Main St
 City Buffalo State NY Zip Code 14202-4188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Merchants Mutual Insurance Company Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt 09 / 30 / 2014
Transaction ID : AEBC88334490046268E9
 Amount of Each Receipt this Period 300.00

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 622.00 |
| TOTAL This Period (last page this line number only).....▶ | 57899.63 |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 96 OF 124 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)
A. American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

Mailing Address 6000 American Parkway

| | | |
|-----------------|-------------|-------------------|
| City Madison | State WI | Zip Code 53783 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00354290

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 02 | / | 2014 |

Transaction ID : A67F1640066F54339827

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 44 EAST MIFFLIN STREET SUITE 801

| | | |
|-----------------|-------------|-------------------|
| City MADISON | State WI | Zip Code 53703 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00545194

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 08 | / | 2014 |

Transaction ID : A15F98F9226734FC2BBD

Amount of Each Receipt this Period
150.00

Full Name (Last, First, Middle Initial)
C. United Services Automobile Association Employee PAC - Usaa Employee PAC

Mailing Address 9800 Fredericksburg Road

| | | |
|---------------------|-------------|-------------------|
| City San Antonio | State TX | Zip Code 78288 |
|---------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00164145

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 08 | / | 2014 |

Transaction ID : A9A56F56C41DD4335989

Amount of Each Receipt this Period
5000.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 6150.00 |
| TOTAL This Period (last page this line number only).....▶ | 6150.00 |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 97 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. NAMIC Administrative Fund
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 Vincennes Rd
 City Indianapolis State IN Zip Code 46268-1154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2338.02

Date of Receipt
 09 / 30 / 2014
Transaction ID : A91AB7F8C81474108A12
 Amount of Each Receipt this Period
 250.45
 Reimb. of bank fees

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 / /
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 / /
 Amount of Each Receipt this Period

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 250.45 |
| TOTAL This Period (last page this line number only).....▶ | 250.45 |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 98 OF 124 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input checked="" type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Chase Bank
Full Name (Last, First, Middle Initial)
Mailing Address 8751 Michigan Rd
City Indianapolis State IN Zip Code 46268-3141
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 47.72

Date of Receipt 09 / 30 / 2014
Transaction ID : A5CCA239754294E56AFB
Amount of Each Receipt this Period 0.07
Bank Interest

B. Chase Bank
Full Name (Last, First, Middle Initial)
Mailing Address 8751 Michigan Rd
City Indianapolis State IN Zip Code 46268-3141
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 47.72

Date of Receipt 09 / 30 / 2014
Transaction ID : A4FE1BE7C6F6141FCBC6
Amount of Each Receipt this Period 6.08
Bank Interest

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period

| | |
|--|------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 6.15 |
| TOTAL This Period (last page this line number only).....▶ | 6.15 |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2014

Transaction ID : BBC6C0A08834344CE95A

Amount of Each Disbursement this Period

54.84

B. American Express

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2014

Transaction ID : B705FDF1B10434906B63

Amount of Each Disbursement this Period

7.95

C. American Express

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2014

Transaction ID : B7426C1AB56444E5DBF9

Amount of Each Disbursement this Period

91.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

153.79

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : B2B7BFE55E70F48958DF

Amount of Each Disbursement this Period

11.38

B. Aristotle

Full Name (Last, First, Middle Initial)

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2014

Transaction ID : B0082EC55BE4E4A11A58

Amount of Each Disbursement this Period

25.00

C. Aristotle

Full Name (Last, First, Middle Initial)

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2014

Transaction ID : BD795740507B343BCB93

Amount of Each Disbursement this Period

1.25

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

37.63

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2014

Transaction ID : B5E0B2DD8EE1148259D1

Amount of Each Disbursement this Period

62.50

Full Name (Last, First, Middle Initial)

B. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2014

Transaction ID : B49A7EDBEB62C42A4885

Amount of Each Disbursement this Period

137.50

Full Name (Last, First, Middle Initial)

C. Chase Bank

Mailing Address 8751 Michigan Rd

City Indianapolis State IN Zip Code 46268-3141

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2014

Transaction ID : BDB782939A17A4902ABB

Amount of Each Disbursement this Period

132.38

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

332.38

523.80

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. ANDY BARR FOR CONGRESS, INC.

Mailing Address PO BOX 2059

City LEXINGTON State KY Zip Code 40588

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Andy Barr IV

Office Sought: House
 Senate
 President
State: KY District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2014

Transaction ID : B0D1B1AC981664DEC98F

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. ANDY TOBIN FOR CONGRESS

Mailing Address 2532 NORTH 4TH STREET #528

City FLAGSTAFF State AZ Zip Code 86004

Purpose of Disbursement
Political Contribution

Candidate Name

Andy Hon Tobin

Office Sought: House
 Senate
 President
State: AZ District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : BD027F5E5F5494827BD2

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City FREMONT State NE Zip Code 68025

Purpose of Disbursement
Political Contribution

Candidate Name

Benjamin E Sasse

Office Sought: House
 Senate
 President
State: NE District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : B6CAB757751A147EC9A0

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Blaine for Congress

Mailing Address PO Box 1025

City Jefferson City State MO Zip Code 65102-1025

Purpose of Disbursement
Political Contribution

Candidate Name
Rep. Blaine Luetkemeyer

Office Sought: House Senate President
State: MO District: 03
Disbursement For: 2014
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2014

Transaction ID : **BBEC0ACC1EFB94807972**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BLAKEMAN 2014 INC.

Mailing Address 108 SOUTH FRANKLIN AVE SUITE 1

City VALLEY STREAM State NY Zip Code 11580

Purpose of Disbursement
Political Contribution

Candidate Name
Bruce Blakeman

Office Sought: House Senate President
State: NY District: 04
Disbursement For: 2014
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : **B869D2CC67F234105B73**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. CAPITO FOR WEST VIRGINIA

Mailing Address PO BOX 11519

City CHARLESTON State WV Zip Code 25339

Purpose of Disbursement
Political Contribution

Candidate Name
Shelley Moore Capito

Office Sought: House Senate President
State: WV District:
Disbursement For: 2014
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : **B743EE4CB526B4C6AA6F**

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Capuano for Congress Committee

Mailing Address PO Box 440305

City Somerville State MA Zip Code 02144

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Michael E. Capuano

Office Sought: House
 Senate
 President
State: MA District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 9 | | 2 | 0 | 1 | 4 |

Transaction ID : B545D2370AAF84106846

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. CITIZENS FOR WATERS

Mailing Address 3700 WILSHIRE BLVD., STE. 1050-B

City LOS ANGELES State CA Zip Code 90010

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Maxine Waters

Office Sought: House
 Senate
 President
State: CA District: 43

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 7 | | 2 | 0 | 1 | 4 |

Transaction ID : BE1DFA484A0994011A87

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. COMSTOCK FOR CONGRESS

Mailing Address PO BOX 71596

City RICHMOND State VA Zip Code 23255

Purpose of Disbursement
Political Contribution

Candidate Name

Barbara J Comstock

Office Sought: House
 Senate
 President
State: VA District: 10

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 9 | | 2 | 0 | 1 | 4 |

Transaction ID : BA1B6D89CCEBA423AAE

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

SUBTOTAL of Disbursements This Page (optional)..... ▶

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

TOTAL This Period (last page this line number only)..... ▶

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. COMSTOCK FOR CONGRESS

Mailing Address PO BOX 71596

City RICHMOND State VA Zip Code 23255

Purpose of Disbursement Political Contribution

Candidate Name

Barbara J Comstock

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: VA District: 10

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : B22D7EFFB74FF4EB89F0

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DAVID ROUZER FOR CONGRESS

Mailing Address PO BOX 2267

City SMITHFIELD State NC Zip Code 27577

Purpose of Disbursement Political Contribution

Candidate Name

David Cheston Rouzer

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: NC District: 07

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : B96EBFC4E63C84B419C2

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dold for Congress

Mailing Address PO BOX 6312

City Libertyville State IL Zip Code 60048-6312

Purpose of Disbursement Political Contribution

Candidate Name

Rep. Bob J. Dold

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: IL District: 10

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : B9BBAB9F2D03C47EABB

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. ELISE FOR CONGRESS

Mailing Address PO BOX 338

City WILLSBORO State NY Zip Code 12996

Purpose of Disbursement
Political Contribution

Candidate Name

Elise M Stefanik

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 7 | | 2 | 0 | 1 | 4 |

Transaction ID : BD7EB88707B4A41AC916

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. Forward Together PAC

Mailing Address 201 North Union Street
Suite 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District: Other2014

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 2 | | 2 | 0 | 1 | 4 |

Transaction ID : B8C0066BEAF1B4FBDB21

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. FREE STATE PAC

Mailing Address P.O. BOX 9191

City Shawnee Mission State KS Zip Code 66201-1791

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District: Other2014

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 2 | | 2 | 0 | 1 | 4 |

Transaction ID : B852FE3C239F04E69B62

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Freedom Fund PAC

Mailing Address 701 8th Street, NW
Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Other2014**

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2014

Transaction ID : **B6B7E37121B2346B998B**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DAN LOGUE FOR CONGRESS

Mailing Address PO BOX 984

City WILLOWS State CA Zip Code 95988

Purpose of Disbursement
Political Contribution

Candidate Name

Daniel Logue

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Other2014**

State: CA District: 03

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : **B42B3750AE67D41FC91C**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF FRANK GUINTA

Mailing Address P.O. BOX 877

City MANCHESTER State NH Zip Code 03105

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Frank C. Guinta

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Other2014**

State: NH District: 01

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : **B72A727F265704C13ABA**

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF MIA LOVE

Mailing Address 913 WEST GROUSE CIRCLE

City SARATOGA SPRINGS State UT Zip Code 84045

Purpose of Disbursement
Political Contribution

Candidate Name

Mia Love

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: UT District: 04

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 17 | / | 2014 |

Transaction ID : B9F4C8498EC4345189A9

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. FRIENDS OF STEWART MILLS, INC.

Mailing Address PO BOX 1039

City BRAINERD State MN Zip Code 56401

Purpose of Disbursement
Political Contribution

Candidate Name

Stewart Mills

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MN District: 08

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 04 | / | 2014 |

Transaction ID : B70EEE5D86A154B148C2

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. Gardner for Senate

Mailing Address PO Box 2408

City Loveland State CO Zip Code 80539-2408

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Cory S. Gardner

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District: 04

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 17 | / | 2014 |

Transaction ID : BA9A5835FA75B456B87F

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|---------|
| 5500.00 |
|---------|

TOTAL This Period (last page this line number only)..... ▶

| |
|--|
| |
|--|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. HECK PAC

Mailing Address 603 STEWART STREET #819

City State Zip Code
Seattle WA 98101-1229

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Other2014

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 09 | | 2014 |

Transaction ID : B9847FC04CE1A4C269C1

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. ISSA FOR CONGRESS

Mailing Address PO BOX 760

City State Zip Code
VISTA CA 92085

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Darrell E. Issa

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 49

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 02 | | 2014 |

Transaction ID : B7C8DC9344CCF4EAAA7F

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. JONI ERNST FOR US SENATE INC

Mailing Address PO BOX 93441

City State Zip Code
DES MOINES IA 50393

Purpose of Disbursement
Political Contribution

Candidate Name

Joni K Ernst

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IA District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 17 | | 2014 |

Transaction ID : B160BF5A2C3EB4F51BE0

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| |
|---------|
| 6000.00 |
|---------|

| |
|--|
| |
|--|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Kevin McCarthy for Congress

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Kevin McCarthy

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 2 | | 2 | 0 | 1 | 4 |

Transaction ID : B4C7B7F1DA8994BAEBFB

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. LOU BARLETTA FOR CONGRESS

Mailing Address 1529 TERRACE BLVD
101 WEST BROAD STREET

City HAZLETON State PA Zip Code 18201

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Lou J. Barletta

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 11

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 9 | | 2 | 0 | 1 | 4 |

Transaction ID : BAEB131B1DB4E4E85852

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. LUKE MESSER FOR CONGRESS

Mailing Address P.O. BOX 917

City SHELBYVILLE State IN Zip Code 46176

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Luke Messer

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 06

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 9 | | 2 | 0 | 1 | 4 |

Transaction ID : B7A78E34D2B004E6EA5A

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| | | | | | | |
|---|---|---|---|---|---|---|
| 4 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| 4 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Majority Committee Pac--Mc Pac

Mailing Address PO Box 10134

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Other2014

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 09 | | | 09 | | | 2014 | | | |

Transaction ID : B0DCBACF2ED004932821

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. MCSALLY FOR CONGRESS

Mailing Address PO BOX 19128

City TUCSON State AZ Zip Code 85731

Purpose of Disbursement
Political Contribution

Candidate Name

Martha E Mcsally

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 09 | | | 17 | | | 2014 | | | |

Transaction ID : B0D5AADB617844989B36

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. MORE CONSERVATIVES PAC (MCPAC)

Mailing Address 228 S WASHINGTON ST STE 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Other2014

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 09 | | | 09 | | | 2014 | | | |

Transaction ID : BE4D4BCBA15134E61887

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|---------|
| 9500.00 |
|---------|

TOTAL This Period (last page this line number only)..... ▶

| |
|--|
| |
|--|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. PETE KING FOR CONGRESS COMMITTEE

Mailing Address PO BOX 1428

City Seaford State NY Zip Code 11783-0257

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Pete T. King

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 02

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 2 | | 2 | 0 | 1 | 4 |

Transaction ID : BC82FEA3512A4469DB85

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. Randy Hultgren for Congress

Mailing Address PO Box 717

City St Charles State IL Zip Code 60174

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Randy M. Hultgren

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 14

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 9 | | 2 | 0 | 1 | 4 |

Transaction ID : B263032218C2F41A8910

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. Schock for Congress

Mailing Address PO Box 10555

City Peoria State IL Zip Code 61612

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Aaron J. Schock

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 7 | | 2 | 0 | 1 | 4 |

Transaction ID : B54C53FF79DD8498E91A

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Sherman for Congress

Mailing Address 777 S. Figueroa St., Ste. 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Brad J. Sherman

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 30

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2014

Transaction ID : B07A4C6F606C54342A47

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Sires for Congress

Mailing Address 6050 Blvd. East
6B

City West New York State NJ Zip Code 07093-3901

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Albio Sires

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 08

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2014

Transaction ID : B2DAE286994D54683B73

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Southerland for Congress

Mailing Address PO Box 1692

City Lynn Haven State FL Zip Code 32444

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Steve Southerland II

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 02

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2014

Transaction ID : B25AC9B3518A944B0844

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. STEVE DAINES FOR MONTANA

Mailing Address PO BOX 1598

City Helena State MT Zip Code 59624-1598

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Steve Daines

Office Sought: House
 Senate
 President
State: MT District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 09 | / | 2014 |

Transaction ID : B1787E534684444D6928

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. Steve Fincher for Congress

Mailing Address PO Box 11153

City Jackson State TN Zip Code 38308

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Stephen L. Fincher

Office Sought: House
 Senate
 President
State: TN District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 09 | / | 2014 |

Transaction ID : BB1D7D479B87141D0808

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. STUTZMAN FOR CONGRESS

Mailing Address PO BOX 129

City Howe State IN Zip Code 46746-0129

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Marlin A. Stutzman

Office Sought: House
 Senate
 President
State: IN District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 02 | / | 2014 |

Transaction ID : B5A94A6845C0645898E6

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|---------|
| 7000.00 |
|---------|

TOTAL This Period (last page this line number only)..... ▶

| |
|--|
| |
|--|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. TERRI LYNN LAND FOR SENATE

Mailing Address PO BOX 308

City GRANDVILLE State MI Zip Code 49418

Purpose of Disbursement
Political Contribution

Candidate Name

Terri Lynn Land

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 7 | | 2 | 0 | 1 | 4 |

Transaction ID : B1FA6FF7CCF83449E93C

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. THE GOOD FUND

Mailing Address PO BOX 3404

City Alexandria State VA Zip Code 22302-0404

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District: Other2014

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 2 | | 2 | 0 | 1 | 4 |

Transaction ID : B120437C0A0E246D6B43

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. Tiberi for Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Pat J. Tiberi

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 9 | | 2 | 0 | 1 | 4 |

Transaction ID : B6F2BBE9416C947E0B35

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

SUBTOTAL of Disbursements This Page (optional)..... ▶

| | | | | | | |
|---|---|---|---|---|---|---|
| 7 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

TOTAL This Period (last page this line number only)..... ▶

| | | | | | | |
|---|---|---|---|---|---|---|
| 7 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. TISEI CONGRESSIONAL COMMITTEE

Mailing Address 932 LYNNFIELD STREET

City LYNNFIELD State MA Zip Code 01880

Purpose of Disbursement
Political Contribution

Candidate Name

Richard R Tisei

Office Sought: House
 Senate
 President
State: MA District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : B380F4017312241E2A9D

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. WALDEN FOR CONGRESS

Mailing Address PO BOX 1091

City Hood River State OR Zip Code 97031-0037

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Greg P. Walden

Office Sought: House
 Senate
 President
State: OR District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2014

Transaction ID : B31BAFFF002FD4C10AB0

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

C. WALTERS FOR CONGRESS

Mailing Address C/O 8001 IRVINE CENTER DRIVE, #400

City IRVINE State CA Zip Code 92618

Purpose of Disbursement
Political Contribution

Candidate Name

Mimi Walters

Office Sought: House
 Senate
 President
State: CA District: 45

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : B3280FF51BE3342B4A11

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

6500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. ZELDIN FOR CONGRESS

Mailing Address 47 FLINTLOCK DRIVE

City SHIRLEY State NY Zip Code 11967

Purpose of Disbursement
Political Contribution

Candidate Name

Lee Michael Zeldin

Office Sought: House
 Senate
 President
State: NY District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 7 | | 2 | 0 | 1 | 4 |

Transaction ID : B173423D5884F4469A04

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. ZINKE FOR CONGRESS

Mailing Address PO BOX 1596

City HELENA State MT Zip Code 59624

Purpose of Disbursement
Political Contribution

Candidate Name

Ryan K Zinke

Office Sought: House
 Senate
 President
State: MT District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 7 | | 2 | 0 | 1 | 4 |

Transaction ID : BE959A3A2D9724E49952

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| | | | | | | | | | |

Amount of Each Disbursement this Period

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 8 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Al Carlson Campaign

Mailing Address 2548 Rose Creek Parkway South

City Fargo State ND Zip Code 58104-6699

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : B66429E2419F0470FAD4

Amount of Each Disbursement this Period

250.00

B. Citizens for Linda Holmes

Full Name (Last, First, Middle Initial)

Mailing Address 76 S. LaSalle St.
Suite 202

City Aurora State IL Zip Code 60505-3395

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : B5887CB1F06A24C2C8EB

Amount of Each Disbursement this Period

250.00

C. CITIZENS FOR RAUNER, INC.

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 617513

City Chicago State IL Zip Code 60661-7513

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : BAF5AC3466EA84F8B8E2

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Committee for Frank J Mautino

Mailing Address PO Box 36

City Spring Valley State IL Zip Code 61362-0036

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : B36751249BFC548169AE

Amount of Each Disbursement this Period

500.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Committee to Elect Matt McCoy

Mailing Address 110 35th Street

City Des Moines State IA Zip Code 50312-4509

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : B4EA0B85B73F5486B914

Amount of Each Disbursement this Period

500.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Committee to Elect Ron Richard

Mailing Address 408 East 32nd Street

City Joplin State MO Zip Code 64804-3901

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : B97AA433D23A94B16B40

Amount of Each Disbursement this Period

500.00

Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Cownie for State House

Mailing Address 4109 Timberwood Drive

City West Des Moines State IA Zip Code 50265-5366

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : BE54EAC4B6B9D40D1962

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Dave Monson Campaign

Mailing Address Post Office Box 8

City Osnabrock State ND Zip Code 58269-0008

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : B113E17BF83F249C1A06

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Friends for Monique Davis

Mailing Address PO Box 43637

City Chicago State IL Zip Code 60643-0637

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : B54CDFA3EBF7E4F43904

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Friends of Ann M. Williams

Mailing Address 4064 North Lincoln Avenue #266

City Chicago State IL Zip Code 60618-3038

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : B568A59D1239D497BA1A

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Friends of Bill Haine

Mailing Address 307 Henry Street, Suite 210

City Alton State IL Zip Code 62002-6326

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : B8E5E6C00C2864E40BA7

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. George J. Keiser Campaign

Mailing Address 422 Toronto Drive

City Bismarck State ND Zip Code 58503

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : B877B381AD3C94270A7F

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1250.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Jerry Klein Campaign

Mailing Address Post Office Box 265

City Fessenden State ND Zip Code 58438-0265

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : BAB8E5E2E859741279A8

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Keith English for Missouri State House

Mailing Address 755 Pelican Lane

City Florissant State MO Zip Code 63031-2239

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : B927B702AA652416D911

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Laffen 4 Senate

Mailing Address 3549 15th Ave.

City Grand Forks State ND Zip Code 58201-3706

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : B2399852700B34BD7B3C

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Paulsen for State House Committee

Mailing Address 1305 Cress Parkway

City Hiawatha State IA Zip Code 52233-1843

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : B72792E40B8814DEDA9B

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Rich Wardner for Senate

Mailing Address 1042 12th Avenue West

City Dickinson State ND Zip Code 58601-3654

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : B09054B929CA64E9EB5D

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Sukut for House

Mailing Address 1603 4th Avenue East

City Williston State ND Zip Code 58801-4324

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : B64B7D8F313EC4CF2AF0

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. The Governor Branstad Committee

Mailing Address 2775 86th Street

City State Zip Code
Urbandale IA 50322-4336

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 16 | / | 2014 |

Transaction ID : BB72DE35D331D4C95880

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. Upmeyer for House

Mailing Address 1811 North 8th Street

City State Zip Code
Clear Lake IA 50428-1483

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 16 | / | 2014 |

Transaction ID : BD02C165EAFF0480B9CF

Amount of Each Disbursement this Period

| |
|--------|
| 250.00 |
|--------|

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | / | | / | |

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| |
|---------|
| 1250.00 |
|---------|

| |
|---------|
| 8750.00 |
|---------|